				/D.L.
		_		Leave/BH
Provider		Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
r (diriloo)		04/01/2020	04/01/2020	04/01/2020
		Loc (S)	LOC (M)	LOC (L)
	A.G. Rhodes Home - Cobb, Inc.	243.37		169.70
	A.G. Rhodes Home at Wesley Woods, Inc.	242.97		169.40
	A.G. Rhodes Home, Inc.	240.89		167.84
	Abercorn Rehabilitation Center	192.75		131.74
	Advanced Health and Rehab of Twiggs County	227.73		157.97
	Altamaha Healthcare Ctr.	147.00		97.43
	Amara Healthcare & Rehab.	167.03		112.45
	Anderson Mill Health & Rehab	205.59		141.37
	Ansley Park Health & Rehab Center	246.40		171.98
	Appling Nursing and Rehab Pavillion	224.45		155.51
	Archway Transitional Care Center	227.12		157.51
+	Arrowhead Healthcare	195.68		133.94
00140159A	Autumn Breeze Health Care Ctr	195.03		133.45
00082992A	Autumn Lane	227.94		158.13
00142084A	Avalon Hlth. & Rehab	211.92		146.12
00059441A	Azalea Health & Rehab	185.53		126.32
00141963A	Azalea Health & Rehabilitation	185.08		125.99
00141886A	Azalea Trace Nursing Home	207.36		142.70
00141237A	Azalealand Nursing Home	234.93		163.37
00258915A	Bainbridge Health Care	164.16		110.30
00140203A	Baptist Village, Inc.	205.76		154.32
00624951A	Bayview Nursing Home	194.56		133.10
00143382A	Berrien Nursing Center	193.89		132.59
00142722A	Blue Ridge Healthcare of Buchanan	182.34		123.93
00059485A	Bolingreen Health & Rehab	193.68		132.44
00140357A	Bonterra Nursing Center	170.46		115.02
003192286A	Bostick Nursing Center	204.75		140.74
00140071A	Brentwood Health & Rehab	167.38		112.71
00140643A	Brian Center of Canton	189.67		129.43
00706813A	Briarwood Health & Rehab Center	211.28		145.64
00140412A	Brightmoor Health Care, Inc.	239.72		166.97
00059562A	Brown Health and Rehab	207.84		143.06
00140434A	Brown's Healthcare	155.69		103.94
00715569A	Bryan County Health & Rehab Ctr	205.40		141.23
00142601A	Bryant Health & Rehab. Ctr, Inc	180.39		122.47
003167547A	Budd Terrace at Wesley Woods	191.49		130.79
00140577A	Calhoun Health Care Center	171.15		115.54
	Calhoun Nursing Home	215.40		148.73
	Camellia Gardens of Life Care	170.45		115.01
	Camellia Hlth & Rehab	183.46		124.77
	Candler Hospital Sub-Acute Unit	237.76		165.50
	Canton Nursing Center, Inc.	184.90		125.85
	Carrollton Manor, Inc.	176.46		119.52
	Carrollton Nursing & Rehab	215.24		148.61
	Cartersville Heights Care and Rehab	156.70		104.70

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	Effective April 1, 2020			Lagyra/DII
		Date	Data	Leave/BH
Provider		Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
		04/01/2020	04/01/2020	04/01/2020
		Loc (S)	LOC (M)	LOC (L)
00140544A	Cedar Springs Health and Rehab Center	179.93		122.12
00142557A	Cedar Valley Nursing & Rehab	202.47		139.03
00059694A	Chaplinwood Health & Rehab	180.19		122.32
00209778A	Chatsworth Health Care Center	204.80		140.78
00143338A	Chatuge Regional Nursing Home	227.34		157.68
003165720A	Chelsey Park H&R	249.67		174.43
00413509A	Cherry Blossom Health Care	219.86		152.07
00228049A	Chestnut Ridge N&R	197.86		135.57
00158034A	Christian City Convalescent Center, Inc.	198.49		148.87
00143437A	Chulio Hills Health and Rehab Center	214.64		148.16
00140467A	Church Home Rehab & Healthcare	205.55		141.34
00142106A	Clinch Health Care	147.00		97.43
00856028A	Coastal Manor	230.95		160.39
00142711A	Cobblestone Rehab and Healthcare Center	196.15		134.29
00140654A	College Park Health Care Center	184.21		125.33
00220448A	Comer Health and Rehab	203.53		139.82
00141138A	Comfort Creek NRC of Wadley	167.51		112.81
00059826A	Cook Senior Living	189.37		129.20
00059892A	Cordele Health and Rehab	236.69		164.69
00141666A	Countryside Health Center	169.82		114.54
00141523A	Covenant Dove H/C of Macon	230.24		159.86
00273567A	Crestview Nursing Facility	169.54		127.16
00274128A	Crisp Regional Nursing and Rehab Ctr	236.06		164.22
00140302A	Cumming Nursing Center	226.47		157.03
000815493B	D. Scott Hudgens Center for Skilled Nursing	221.20		153.08
00142865A	Dade Health and Rehab Center	198.60		136.13
00140808A	Dawson Health & Rehab	180.31		122.41
00059452A	Decatur Health and Rehab Ctr	193.63		132.40
00395161A	Delmar Gardens of Gwinnett, Inc.	206.41		141.98
00296271A	Delmar Gardens of Smyrna	190.52		130.07
00141083A	Douglasville Nursing and Rehab Ctr.	185.17		126.05
00059947A	Dublinair Health & Rehab Center	181.66		123.42
00815295A	Dunwoody Health and Rehab Ctr	242.45		169.01
00143151A	Eagle Health	225.08		155.99
00143131A	Early Memorial Nursing Home	176.26		119.37
001400747A	East Lake Arbor	224.62		155.64
00140137A	Eastman Healthcare	162.41		108.98
00141974A 00140885A	Eastview Nursing Home	176.77		119.75
00140803A 00223473A	Eatonton Health & Rehabilition Center	200.29		137.39
00140907A	Effingham Extended Care Facility	222.50		154.05
00140907A	Elberta Health Care	185.85		126.56
00140918A	Emanuel Medical Center Nursing Home	221.13		153.02
00140929A 00142766A				
	Etowah Landing Care and Rehab	172.34		116.43
835154999A	Evergreen Health and Rehab	192.63		131.65
00173071A	Fairburn Health Care Center	185.73		126.47

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		Doto	Doto	Leave/BH
Provider	Descriden Nove e	Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
		04/01/2020	04/01/2020	04/01/2020
004400044	Fifth Assessed Lie alth Cons	Loc (S)	LOC (M)	LOC (L)
	Fifth Avenue Health Care	195.85		134.06
	Florence Hand Home	214.48		148.04
	Folkston Park Care and Rehab	162.40		108.98
	Fort Gaines Healthcare, LLC	181.49		123.29
	Fort Valley Nursing Ctr.	160.94		107.88
	Four County Health Care Center	168.66		113.67
<u> </u>	Fox Glove Court Care and Rehab	177.05		119.96
	Friendship Health and Rehab Center	202.71		139.21
	Gateway Health and Rehab Center	185.34		126.18
	Gibson Health & Rehabilitation Center	185.91		126.61
	Glen Eagle Healthcare & Rehab	195.72		133.96
	Glenn-Mor Nursing Home	193.34		132.18
	Glenvue Nursing Home	239.03		166.45
	Glenwood Health and Rehab Center	173.87		117.58
	Glenwood Healthcare	169.31		114.16
	Gold City Health and Rehabilitation Ctr	147.00		97.43
00202848A	Gordon Health Care Center	187.64		127.91
00083267A	Grace Health Care of Tucker	181.85		123.56
00141182A	Gracemore Nursing Center	187.83		128.05
00141226A	Grandview Health Care Center	212.77		146.75
00083014A	Green Acres Health & Rehab	192.03		131.20
00142634A	Greene Point Healthcare	191.85		131.06
00781382A	Gwinnett Extended Care Center	241.33		168.17
00141292A	Habersham Home	207.60		142.88
00141325A	Haralson Nursing and Rehab	170.80		115.28
00142447A	Harborview Health Systems - Pierce	262.10		183.75
00142755A	Harborview Health Systems - Satilla	248.19		173.32
00140621A	Harborview Health Systems - Thomaston	197.63		135.40
00141611A	Harborview Health Systems of Jesup	174.82		118.29
003165726A	Harrington Park	238.95		166.39
00167857A	Hart Care Center	185.03		125.95
00141413A	Hartwell Health and Rehabilitation	199.94		137.13
00059705A	Hazlehurst Court Care and Rehab	157.59		105.37
00082981A	Heardmont Nursing Home	188.38		128.46
	Heart of Georgia	222.65		154.17
	Heritage Healthcare -Forsyth, LLC	189.54		129.33
	Heritage Healthcare -Grandview, LLC	200.63		137.65
	Heritage Inn of Barnesville	177.73		120.47
	Heritage Inn of Sandersville	186.06		126.72
	Heritage Inn of Statesboro	187.85		128.06
	High Shoals Health & Rehabilitation	213.37		147.20
	Hill Haven Nursing Home	187.76		128.00
00142689A	Jesup Health Care	187.41		127.73
	Joe-Ann Burgin Nursing Center	186.09		126.74
	Jonesboro Nurs. & Rehab Ctr.	183.87		125.08

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				L a a v a /DLL
		Data	Dete	Leave/BH
Provider	5	Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
		04/01/2020	04/01/2020	04/01/2020
004.40.400.4	Mantana d	Loc (S)	LOC (M)	LOC (L)
00143426A	Kentwood	226.63		157.15
00141655A	Keysville Nursing Home and Rehab Ctr	178.34		120.93
00399737A	Lafayette Nursing & Rehab Center	209.08		143.99
00270245A	LaGrange Nurs, & Rehab. Ctr.	164.11		110.26
00141699A	Lake City Nursing & Rehab Ctr.	171.13		115.52
00403939A	Lake Crossing Heath Care	164.65		110.66
00141732A	Lakeland Villa Convalescent Center	226.25		156.86
00712665A	Lee County Health Care	196.87		134.83
00141831A	Legacy Nursing Home	179.64		121.91
00415522A	Legacy Nursing Home	231.72		160.97
00370873A	Life Care Center of Gwinnett	195.49		133.79
00818914A	Life Care Center of Lawrenceville	202.25		138.86
00140665A	Life Care Center, Inc.	147.00		97.43
00142524A	Lillian G. Carter Nursing Center	175.74		118.98
00270256A	Lumber City Nurs. & Rehab. Ctr.	160.11		107.26
00083036A	Lynn Haven Health & Rehab	219.71		151.96
00083278A	Madison Hlth & Rehab	195.97		134.15
00083047A	Magnolia Manor Columbus East	197.40		135.23
00083124A	Magnolia Manor Columbus West	192.53		131.57
00141809A	Magnolia Manor Marion County	216.76		149.75
00040785A	Magnolia Manor Methodist Nursing Care	179.58		134.69
00141402A	Magnolia Manor St. Simons	210.03		144.70
00159266A	Manor Care Rehab Ctr of Decatur	178.54		121.08
00236211A	Manor Care Rehab Ctr of Marietta	203.24		139.61
00534619A	Maple Ridge Health Care Center	220.81		152.78
00141853A	McRae Manor Nursing Home	195.76		134.00
00141864A	Meadowbrook Healthcare	203.54		139.83
003167911A	Meadows Park H&R	268.29		188.39
00141941A	Medical Management H&R	147.00		97.43
00141919A	Memorial Manor Nursing Home	184.36		125.45
00141996A	Miller Nursing Home	222.93		154.37
00141578A	Miona Geriatric & Dementia Ctr	176.66		119.67
00142018A	Mitchell Convalescent Center	217.03		149.95
00142062A	Montezuma Health & Rehab	195.50		133.80
00143184A	Mountain View Health and Rehab Center	150.29		99.89
00083223A	Muscogee Manor & Rehab Center	236.83		164.80
00141336A	Nancy Hart Nursing Center	147.46		97.77
00083146A	National Health Care of Rossville	175.16		118.55
00141072A	New Horizons Lanier Park	217.77		150.50
00142007A	New Horizons Limestone	209.47		144.28
00494139A	New London Health Center	185.42		126.24
00040719A	Newnan Hosp. Health & Rehab Ctr	211.75		145.99
00344759A	NHC of Fort Oglethorpe	189.12		129.02
00426214A	Northeast Atlanta H & R Ctr.	218.64		151.16
00059331A	Northridge Hith & Rehab Ctr	196.03		134.20

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	Effective April 1, 202			Lagyra/DII
		Data	Dete	Leave/BH
Provider	B N	Rate	Rate	Rate
Number	Provider Name	Effective	Effective	Effective
		04/01/2020	04/01/2020	04/01/2020
004404004	15 11	Loc (S)	LOC (M)	LOC (L)
00142183A	Nursecare of Buckhead	185.84		126.56
00142249A	Oak View Home - Waverly Hall	178.03		120.70
00142238A	Oakview Health & Rehab Center	211.68		145.94
003188970A	Oceanside Health & Rehab - Tybee	228.84		158.80
00142293A	Oconee Health & Rehab	200.33	137.42	
00947658A	Oconee Regional SNF	266.71		187.21
00142656A	Orchard Health and Rehab	181.88		123.59
00142117A	Orchard View Rehab & Skilled NC	213.28		159.96
00143316A	Oxley Park Health & Rehab	187.34		127.68
00142326A	Palemon Gaskins Nursing Home	224.71		155.71
00002164A	Park Place Nursing Facility	181.18		123.06
00141127A	Parkside Ellijay	215.57		148.85
00142425A	Pelham Parkway Nursing Home	173.38		117.21
00142458A	Pine Knoll Nursing and Rehab	195.78		134.01
00083135A	Pinehill Nursing Center	193.93		132.62
00142502A	Pineview 102, Crossview Care Ctr	167.80		113.03
00142513A	Pinewood Manor Nursing Home	147.00		97.43
00142205A	Pinewood Nursing Center	173.13		117.02
00142546A	Pleasant View Nursing Center	147.00		97.43
00222582A	Porter Field H & R Ctr, LLC	177.60		120.38
00530824A	Powder Springs Nurs. & Rehab. Ctr.	180.15		122.29
00141281A	Premier Estate of Dublin	184.26		125.37
00142579A	Presbyterian Home, Quitman, Inc.	201.30		150.98
00362832A	Presbyterian Village, Inc.	216.58		162.44
00142623A	Providence Healthcare of Sparta	210.15		144.79
00142612A	Providence Healthcare of Thomaston	163.28		109.64
00143569A	Pruitt Health - Washington	193.96		132.65
00140104A	PruittHealth - Ashburn, LLC	196.57		134.60
00141391A	PruittHealth - Athens Heritage, LLC	222.75		154.24
00059463A	PruittHealth - Augusta	201.29		138.14
00059276A	PruittHealth - Austell	203.92		140.12
00140973A	PruittHealth - Blue Ridge, LLC	176.14		119.28
00140115A	PruittHealth - Brookhaven	244.31		170.41
00265196A	PruittHealth - Covington	211.11		145.51
00140764A	PruittHealth - Crestwood	194.26		132.87
00252942A	PruittHealth - Decatur	230.66		160.17
00142997A	PruittHealth - Fairburn, LLC	219.73		151.97
00140995A	PruittHealth - Fitzgerald	197.04		134.96
00214695A	PruittHealth - Fort Oglethorpe	178.42		120.99
00141039A	PruittHealth - Franklin, Inc	185.89		126.59
00143052A	PruittHealth - Griffin, LLC	194.78		133.26
00141721A	PruittHealth - Lakehaven	211.16		145.55
00140456A	PruittHealth - Lanier	199.03		136.45
00252007A	PruittHealth - Magnolia Manor	245.51		171.31
00202507A	PruittHealth - Marietta	233.45		162.26
00202001A	i ruitti isaitti - Maristta	200.40		102.20

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Provider Number         Provider Name         Rate Effective 04/01/2020 Loc (S)         Rate Effective 04/01/2020 Loc (M)         Rate Effective 04/01/2020 Loc (S)         Effective 19/04/01/2020 Loc (S)         Effective 19/	eave/BH Rate fective 01/2020 OC (L) 136.63 147.38 135.85 149.53 109.51 161.27 164.78 115.62 124.24 136.32
Provider Number         Provider Name         Effective 04/01/2020 Loc (S)         Effective 104/01/2020 Loc (S)         Effective 104/01	fective 01/2020 0C (L) 136.63 147.38 135.85 149.53 109.51 161.27 164.78 115.62 124.24
Number         Provider Name         Effective 04/01/2020 Loc (S)         Effective 04/01/2020 Loc (M)         Effective 04/01/2020 Loc (S)         Effective 04/01/2020 Loc (M)         Effective 04/01/2020 Loc (M)         Effective 104/01/2020	01/2020 0C (L) 136.63 147.38 135.85 149.53 109.51 161.27 164.78 115.62 124.24
04/01/2020   04/	DC (L) 136.63 147.38 135.85 149.53 109.51 161.27 164.78 115.62 124.24
00140269A         PruittHealth - Millen         199.27           00141468A         PruittHealth - Monroe, LLC         213.60           00142095A         PruittHealth - Moultrie         198.23           00142315A         PruittHealth - Ocilla         216.47           00142304A         PruittHealth - Old Capitol         163.11           00143327A         PruittHealth - Peake, LLC         232.13           00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	136.63 147.38 135.85 149.53 109.51 161.27 164.78 115.62 124.24
00141468A         PruittHealth - Monroe, LLC         213.60           00142095A         PruittHealth - Moultrie         198.23           00142315A         PruittHealth - Ocilla         216.47           00142304A         PruittHealth - Old Capitol         163.11           00143327A         PruittHealth - Peake, LLC         232.13           00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	147.38 135.85 149.53 109.51 161.27 164.78 115.62 124.24
00142095A         PruittHealth - Moultrie         198.23           00142315A         PruittHealth - Ocilla         216.47           00142304A         PruittHealth - Old Capitol         163.11           00143327A         PruittHealth - Peake, LLC         232.13           00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	135.85 149.53 109.51 161.27 164.78 115.62 124.24
00142315A         PruittHealth - Ocilla         216.47           00142304A         PruittHealth - Old Capitol         163.11           00143327A         PruittHealth - Peake, LLC         232.13           00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	149.53 109.51 161.27 164.78 115.62 124.24
00142304A         PruittHealth - Old Capitol         163.11           00143327A         PruittHealth - Peake, LLC         232.13           00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	109.51 161.27 164.78 115.62 124.24
00143327A         PruittHealth - Peake, LLC         232.13           00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	161.27 164.78 115.62 124.24
00238323A         PruittHealth - Savannah         236.81           00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	164.78 115.62 124.24
00142964A         PruittHealth - Shepherd Hills, LLC         171.26           00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	115.62 124.24
00143173A         PruittHealth - Sunrise, LLC         182.75           00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	124.24
00143195A         PruittHealth - Swainsboro, LLC         198.86           00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	
00409494A         PruittHealth - Toomsboro, LLC         202.98           00141369A         PruittHealth - Valdosta         195.49	136.32
00141369A PruittHealth - Valdosta 195.49	
	139.41
	133.79
00140401A PruittHealth - Virginia Park 242.57	169.10
00256088A PruittHealth - West Atlanta 204.62	140.64
00245055A PruittHealth Augusta Hills 214.65	148.16
00140687A PruittHealth- Eastside 233.61	162.38
00141479A PruittHealth -Holly Hill 206.32	141.92
00142436A PruittHealth - Jasper 217.63	150.40
00254394A PruittHealth -Lafayette, LLC 192.59	131.62
00145527A PruittHealth -Lilburn, LLC 192.84	131.81
00141908A PruittHealth -Macon, LLC 218.57	151.10
00142337A PruittHealth- Palmyra 186.34	126.93
299031876A PruittHealth- Rome 214.86	148.32
00143096A PruittHealth -Spring Valley, LLC 193.57	132.35
00143206A PruittHealth- Sylvester 181.08	122.99
00143305A PruittHealth -Toccoa, LLC 177.37	120.20
00140038A PruittHealth-Greenville 172.10	116.25
00370851A Quiet Oaks Health Care Center 189.02	128.94
00150279A Quinton Memorial Health Care 217.98	150.66
00837207A Regency Park Health Care 222.13	153.77
00143283A Rehab Center of South Georgia 207.86	143.07
321026473A Reliable Health and Rehab 210.45	145.01
00141754A Renaissance Care and Rehab Center 170.80	115.28
00238741A Resorts at Pooler 184.88	125.84
00142744A Ridgewood Manor Nursing Home 186.30	126.90
00082684A River Towne Center 171.98	116.16
00083289A Riverdale Place Care and Rehab 151.34	100.68
00140346A Riverside Health & Rheab of Thomaston 205.33	141.17
00140324A Riverside Healthcare Ctr 164.08	110.24
00040741A Riverview Health & Rehab 229.22	159.09
00142777A Roberta Health Care 147.00	97.43
00838252A Rockdale Healthcare 184.15	125.29
003182988A Rockmart Health 227.17	157.55
00140753A Rome Health and Rehab 184.19	125.32
00083311A Rose City Health and Rehab Ctr 182.20	123.83

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				Leave/BH
		Rate	Rate	Rate
Provider	Dravidar Nama			Effective
Number	Provider Name	Effective 04/01/2020	Effective 04/01/2020	
				04/01/2020
00831751A	Roselane Health and Rehab Center	Loc (S) 224.81	LOC (M)	LOC (L) 155.78
00587331A	Rosemont at Stone Mountain	207.48		142.79
00387331A 00142942A	Ross Memorial Health Care Center	207.48		139.34
00142942A 00141248A	Roswell Nursing and Rehab	202.86		165.56
00141248A	Sadie G. Mays Health & Rehab Center	187.54		140.66
00141842A 00142876A	Savannah Beach Nursing & Rehab Center	192.50		131.55
00142070A	Scepter Health & Rehab	202.53		139.07
00103133A	Scott Health & Rehabilitation	199.15		136.54
00141044A	Sears Manor	201.72		138.47
00142909A	Seminole Manor Nursing Home	205.25		141.11
00142303/\ 00143129A	Senior Care Ctr St. Marys	217.16		150.05
000830827B	Senior Care CtrSt. Marys Senior Care CtrBrunswick	220.96		165.72
00142986A	Signature HC - Marietta	237.56		165.35
00040763A	Signature HC of Buckhead	221.99		153.67
00083157A	Signature Healthcare of Savannah	174.41		117.98
00143008A	Smith Medical Nursing Care Center	147.00		97.43
00143041A	Social Circle Nursing and Rehab	233.91		162.61
00143558A	Southland Healthcare & Rehab Ctr.	152.09		101.24
00409054A	Southland Nursing Home	223.31		154.66
00143063A	Sparta Health & Rehab	164.81		110.78
00851243A	St. Joseph's Transitional Care Unit	225.56		156.35
03143404A	Stevens Park	262.83		184.30
00142139A	Summerhill Elderliving Home	210.70		145.20
00040796A	Syl-View Health Care Center, Inc.	165.63		111.40
00727801A	Tara at Thunderbolt Nursing & Rehab Center	176.98		119.91
00143228A	Tattnall Nursing, LLC	147.00		97.43
00432924A	Taylor County Health Care	187.60		127.88
00452924A 00059397A	The Bell Minor Home	187.76		128.00
00039397A 00083102A	The Center for Advanced Rehab @ Parkside	259.09		181.49
00421429A	The Fountainview Ctr for Alzheimer's Disease	224.84		155.81
00421429A 00142381A	The Lodge	248.76		173.74
00142381A 00140258A	The Codye The Oaks - Bethany (Vidalia)	196.76		134.75
00140238A 00141743A	, ,	225.67		156.43
	The Oaks at Limestone, LLC			
00178307A	The Oaks At Scenic View	212.61		146.63
00142271A	The Oaks Nursing Home, Inc.	197.45		135.26
00140126A	The Oaks of Athens	248.41		173.48
00140181A	The Oaks of Carrollton	225.60		156.38
00141589A	The Place at Deans Bridge	185.97		126.65
00142535A	The Place at Martinez	203.35		139.69
00142733A	The Retreat Nursing Home	203.61		139.88
00277604A	Thomasville Nurs. & Rehab. Ctr.	171.91		116.11
00143261A	Thomson Health & Rehab	183.75		124.99
00143294A	Tifton Health and Rehab Center	184.53		125.57
00083003A	Tower Road Healthcare	229.54		159.33

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				Leave/BH
Dunidan		Rate	Rate	Rate
Provider	Provider Name	Effective	Effective	Effective
Number		04/01/2020	04/01/2020	04/01/2020
		Loc (S)	LOC (M)	LOC (L)
00404995A	Townsend Park H & R	201.24		138.11
00143701A	Traditions Health & Rehab	182.80		137.10
00143349A	Treutlen County Health & Rehab	192.61		131.63
00142843A	Twin Fountains Home	178.76		121.25
00143393A	Twin Oaks Convalescent Center	217.16		150.05
00040807A	Twin View Health Care	147.00		97.43
00143415A	Union County Nursing Home	207.62		142.89
00140533A	University Nursing and Rehab	212.92		146.87
00908553A	UPAC - Laurel Park	241.86		168.57
00142931A	Vista Park	239.74		166.98
00141952A	Warm Springs Med. Ctr. NH	167.11		112.51
00141303A	Warner Robins Rehab & Nursing Center	167.64		112.91
00142645A	Warrenton Health and Rehabilitation Center	196.73		134.72
00143481A	Washington County ECF	197.37		135.20
00143459A	Waycross Health & Rehabilitation Center	163.90		110.10
00142359A	WellStar Paulding Nursing Center	183.29		137.47
00143503A	Westbury H & R - Conyers, Inc	219.78		152.01
00143525A	Westbury H & R-McDonough, Inc	204.73		140.72
00143514A	Westbury Medical Care Home, Inc.	195.59		133.87
00140082A	Westminster Commons	190.18		129.81
00143536A	Westview Nursing & Rehab Center	183.42		124.74
00219359A	Westwood (University Extended Care)	222.83		154.30
00370862A	Westwood Nursing Center	159.43		106.75
00143547A	Wildwood Health Care, Inc.	209.40		144.23
00040752A	William Breman Jewish Home	239.11		166.51
00271829A	Willowwood Nursing Center	156.70		104.70
00241678A	Windemere Health & Rehab	189.11		129.01
00142854A	Winder Nursing, Inc.	185.89		126.59
00143118A	Winthrop Manor Nursing Center	197.42		135.24
00143591A	Wood Dale Health Care Center	192.03		131.20
00141985A	Woodlands Health & Rehab Ctr.	147.00		97.43
00171212A	Woodstock Nursing and Rehab Ctr	244.74		170.73
00143602A	Wrightsville Manor	188.70		128.70
00141512A	Wynfield Park Health & Rehab	229.95		159.64
003125041B	Zebulon Park Health & Rehab	241.16		168.05

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	Provider; Prvdr ID;	A.G. Rhodes Home -	· Cobb, Inc.		Adc	······································	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (0 Base Perio	CMI) Data d Overall CMI;		Facility <u>Specific</u> 1.4016	State- wide 1.3617
			Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Nurse Hours per (		Otrly BIMS score Quality Incentive:	40,4% 3.66	2.5% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options:		1.5548 1.5828	1.4820 1.4569
L	ine #	Description		Sourc Calcula		Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskping e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance	Properly and Related h	Taxes and Insurance i

Line	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
			a	b	С	d	е	1	g	g	hillion hillion	despitation
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100,0% \$0,00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	1.5% 15440 OD 540040 OLD D. D.				***********	***********	****			****	•
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,531,009	\$4,993,930	\$0		\$664,422	\$555,658	\$1,756,281	\$117,033	\$393,184	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194 \$557,852	(\$205,354)		(\$4,688)	\$14,078
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$9,246,010	\$4,930,179	so so	\$1,013,284	\$674,161	\$557,852	\$1,550,927	\$117,033	\$388,496	\$14,078
6	Total Nursing Facility Days As Filed Days = 45,950	FY 18 GL-PL Ins Rpt Days	45,950							24 025		
9	Total Nursing Facility Days GL-PŁ Ins. Rpt As Filed Days = 24,825  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33,75	24,825 \$4.71	\$8.45	\$0,31
10		from 4 girs of FY12	\$203.37	1.4016	\$0.00	\$22,00	\$20,01	(MIGH LOCH)	\$33.75	Φ4.71	\$0.43	\$0.31
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$76.55	\$0.00	\$22,05	\$26,81		\$33.75	\$4,71	\$8.45	\$0,31
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$70.55 \$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	\$0.01
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154,10	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$4.71	15.51	\$0.31
'"	Base I shou dase Mix Aujusted Allowed I of Stein		ψ10-1.10	<b>471,51</b>	\$0.00	\$10,41	\$20.00		\$20.00	Ψ	(FRV)	40.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwric %	\$17.86	\$9.56	\$0,00	\$2.46	\$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	\$171.96	\$81,07	\$0,00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15.51	\$0,31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5828</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$219.21	\$128.32	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.71	\$15,51	\$0.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.21	\$3.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$3.85	\$3.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.16	\$7.06	\$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	\$243.37	\$135.38	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$4.71	\$15.51	\$0.31

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$169.70

(Ln 25 - Ln 23) \* 0.75

					Facility	Add-on		Facility	State-	İ
1	Provider:	A.G. Rhodes Home at Wesley Woods, Inc.		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>	
	Prvdr ID:	00040818A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.4319	1.3617	-
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	50.0%	5.5%	Quarterly Medicaid CMI:	1.5621	1.4820	
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.93	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5921	1,4569	
L										1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Windowski	С	d	Parkers en	465 F. <b>(</b> 1266)	g	g	(project side had \$10 project	digipay <b>i</b> meda
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$10,715,572	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$248,833)	(\$97,239)	1	(\$24,371)	\$4,671	\$2,981	(\$159,894)		\$11,350	\$13,669
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,466,739	\$5,551,111	\$0	\$862,551	\$698,540	\$714,068	\$2,149,646	\$0	\$477,154	\$13,669
8	Total Nursing Facility Days As Filed Days ≈ 51,585	FY12 Audited C/R Days	51,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.80	\$107,56	\$0,00	\$16,71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.4319								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41.65	\$0,00	\$9.25	\$0.26
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	\$149.05	\$71.51	\$0.00	\$16.71	\$23.09		\$20.56	\$0.00	16.92	\$0.26
	Quarterly Per Diem Rate Prior to Add-ons						1				(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.63	\$9.56	\$0.00	\$2.23	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Łn 15	\$166.68	\$81,07	\$0,00	\$18,94	\$26.18	\$0.00	\$23,31	\$0,00	\$16,92	\$0,26
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.5921								
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214,68	\$129.07	\$0.00	\$18.94	\$26.18	\$0.00	\$23.31	\$0,00	\$16,92	\$0,26
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0,00	\$0.00	\$0.22	\$0,00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.10	\$7.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.87	\$3.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.29	\$10,97	\$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	\$242.97	\$140.04	\$0.00	\$19.16	\$26.18	\$0.00	\$40.41	\$0.00	\$16.92	\$0.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.40		1		1	L	E	1		1

Provider: A.G. Rhodes Home, Inc. Prvdr ID: 00140005A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: http://discore	45.2%	Add-on <u>Percent</u> 13.37% 5.5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	!	Facility <u>Specific</u> 1.3781 1.5234 1.5498	State- wide 1.3617 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
		3 a a	gayakin <b>b</b> arantin	derblicht.	<b>d</b>	-politicopyra	gevo <b>f</b> alse	rangegr	g	Majiga v <b>h</b> acid bad	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$9,365,897	\$5,035,907	\$0	\$990,199	\$597,278	\$675,204	\$1,741,911	\$0	\$325,398	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005)		(\$15,506)	\$13,591
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765	\$671,911	\$1,616,906	\$0	\$309,892	\$13,591
8 Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335  9 Net Per Diems prior to Case Mix Adistmt to Routine Srycs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	5400 40	\$101.12	\$0.00	\$20.65	\$26.79	6	\$33,80	47,335 \$0,00	\$6.48	\$0.28
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$189.12	1.3781	\$0.00	\$20.65	\$20.19	(with L&H)	\$33.80	\$0.00	\$0.46	\$U,28
11 Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	La 9/Ln 10		\$73.38								
12 Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$73.38	\$0.00	\$20,65	\$26,79		\$33,80	\$0.00	\$6.48	\$0.28
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	\$150.68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	16.83	\$0.28
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$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	\$168.54	\$81.07	\$0.00	\$20.87	\$26,18	\$0.00	\$23,31	\$0,00	\$16,83	\$0.28
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.5498								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.64								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.11	\$125.64	\$0.00	\$20.87	\$26.18	\$0.00	\$23,31	\$0.00	\$16.83	\$0.28
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.91	\$6.91								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,77	\$3.77								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27,78	\$10.68	\$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	\$240.89	\$136,32	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$0.00	\$16,83	\$0.28
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$167.84									

1	Provider: Abercorn Rehabilitation Center		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
Р	Prvdr ID: 00083025A Case Mix Per Diem Rate Effective Da	e: 4/1/2020		owth Allowance: Urly BIMS score	N/A 31.2%	13.37% 2.5%			d Overall CMI; Medicaid CMI;		1.5995 1.4752	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Endir		er On-Site Day/C		2.86	2.0%	Orthy Moaid		Wght Options:		1.5006	1.4569
Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operators & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	barrieb a section	:::::::c::::::::::::::::::::::::::::::	d		48869. <b>f</b> 20-9.22	g	g :	h	i
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37	10 mm		
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,595,788	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536	\$1,410,205	\$101,378	\$157,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753)		(\$63,055)	\$66,591
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,198,793	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,591
8	Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	32,214									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days								30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161,60	\$89.74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2,92	\$2,07
10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		<u>1.5995</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.11	\$0.00	\$16,52	\$15,50		\$31,49	\$3.36	\$2.92	\$2.07
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	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	\$123.82	\$56,11	\$0,00	\$16.52	\$15.50		\$20.56	\$3.36	9.70 (FRV)	\$2.07
	Quarterly Per Diem Rate Prior to Add-ons										(17.4)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.53	\$7.50	\$0,00	\$2.21	\$2.07	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15	\$138.35	\$63.61	\$0.00	\$18.73	\$17.57	\$0.00	\$23,31	\$3,36	\$9.70	\$2.07
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qir €nd		<u>1.5006</u>					ļ			
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$170.19	\$95.45 \$95.45	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9,70	\$2.07
1.5	Quarterly medicald CMA Allowed Fel Dieth	No " Li to, Paoda " Li to	\$110.19	385.45	\$0.00	\$10.73	\$17.51	\$0.00	\$23.31	\$3.30	29,70	\$2.07
	Quarterly Per Diem Add-on Amounts				_							
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srv.	·	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.56	\$4.83	\$0,00	\$0,22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.75	\$100.28	\$0.00	\$18.95	\$17.98	\$0.00	\$40.41	\$3,36	\$9.70	\$2.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.74									

# Quarterly Case Mix Per Diem Calculation

Provider: Advanced Health and Rehab of Twiggs County Prvdr ID: 003185378A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 22.8% 3.47	Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1,5438 1,5734	State- wide 1.3617 1.4347 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
CASE MIX BASED RATE CALCULATIONS		<u>a</u>	b	С	d	e	ſ	g	i	h	ì
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarteriy Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$142.60 \$16.97 \$161.63	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.5734 \$121.17	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 54,437 26,482 \$ 2,06	\$15.71 \$15.71 \$15.71 (FRV Rale)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$205.78	\$121.17		\$19.83	\$24.87		\$22.14	\$2.06	\$15.71	\$0.00
BIMS Add-on Per Diem = 1.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$1,21 \$3.64 \$17.10 \$21.95	\$1.21 \$3.64					17.10			
Quarterly Case Mix Based Per Diem Rate		\$227.73	\$126.02		\$19.83	\$24.87	******	\$39.24	\$2.06	\$15.71	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$157.97	į į									1

	rovider: Altamaha Healthcare Ctr. rvdr ID: 00140027A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Otrly BIMS score	Facility Score N/A 18.9% 2.75	Add-on <u>Percent</u> 13.37% 0.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4937 1.4299 1.4726	State- wide 1.3617 1.4569 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
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$2,496,153	\$1.307.867	\$0	\$260.953	\$160,233	\$150.961	\$442.827	\$12.964	\$160,348	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$36,104	\$0	\$0	\$0	\$0	\$0	\$4,855	<b>*</b> 1=,001	\$4,790	\$26,459
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,532,257	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$447,682	\$12,964	\$165,138	\$26,459
8	Total Nursing Facility Days As Filed Days = 22,023	FY12 Audited C/R Days	22,023									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,546	FY 18 GL-PL Ins Rpt Days								20,546		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0.63	\$7.50	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4937								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	\$7.50	\$1.20
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	\$95.24	\$39.76	\$0.00	\$11.85	\$14.13		\$20.33	\$0.63	7.34	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.51	\$5.32	\$0.00	\$1.58	\$1.89	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$106.75	\$45.08	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	,	1.4726			•	• • • • • • • • • • • • • • • • • • • •	,		•	•
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.05	\$66.38	\$0.00	\$13.43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$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	\$3.50	40.22	ψο. Γι	\$5.50	40		\$5.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.33	\$1.33		1						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			1			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.76	\$1.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$147.81	\$68.24	\$0.00	\$13.65	\$16.43	\$0.00	\$40.32	\$0.63	\$7.34	\$1.20

\$98.03

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

l	rovider: Amara Healthcare & Rehab.		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
P	vvdr ID: 00140049A  Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance; htriv BIMS score	N/A 35.9%	13.37% 2.5%			d Overall CMI; Medicaid CMI;		1.1730 1.3256	1,3617 1,4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q		4.09	3.0%	Ortrly Mcaid		Wght Options:		1.3453	1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dïetary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			(3) (3) <b>a</b> (100)	a jagaa <b>b</b> agaan	c	d	Oping g <b>e</b> pal(pag	edge f	g	g	e h	s significação
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$1,068,285	\$111,711	\$556,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)		(\$6,933)	\$15,074
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$129.15	\$59.38	\$0.00	\$12.02	\$14,21	(with L&H)	\$25.13	\$3.19	\$14.81	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,1730</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.62	\$0.00	\$12.02	\$14.21		\$25.13	\$3.19	\$14.81	\$0,41
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	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	\$111,67	\$50,62	\$0.00	\$12.02	\$14.21		\$20.56	\$3,19	10,66 (FRV)	\$0.41
	Quarterly Per Diem Rate Prior to Add-ons										(FAV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.03	\$6,77	\$0,00	\$1.61	\$1.90	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.70	\$57.39	\$0.00	\$13.63	\$16.11	\$0.00	\$23.31	\$3.19	\$10.66	\$0.41
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.3453</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$144.52	\$77.21	\$0.00	\$13.63	\$16.11	\$0.00	\$23.31	\$3.19	\$10.66	\$0.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,32	\$2.32								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.78	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.03	\$81.99	\$0,00	\$13.85	\$16.52	\$0.00	\$40.41	\$3.19	\$10.66	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.45			٠		•			······································	

				Facility	Add-on		Facility	State-	ł
Provider:	Anderson Mill Health & Rehab		Add-on Data and Percentages	Score	_Percent_	Case Mix Index (CMI) Data	<u>Specific</u>	wide	1
Prvdr ID:	00140379A		Growth Allowance;	N/A	13,37%	Base Period Overall CMI:	1,4753	1,3617	1
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	29.1%	1.0%	Quarterly Medicaid CMI:	1.7833	1.4820	
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.60	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1,8161	1.4569	1
									1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	234 By C 1912	d d	ne remine	is the fire of	g	g	ч. 9 ж. ў 411 <b>h</b> . 1, 1, 1, 1, 1, 1, 1	je sa <b>i</b> erge
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,774,777	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121	FY 18 GL-PL Ins Rpt Days								44,121		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168,70	\$77,98	\$0,00	\$13.34	\$15.40	(with L&H)	\$27.89	\$9.34	\$23.62	\$1.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4753</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52,86	\$0,00	\$13.34	\$15.40		\$27.89	\$9.34	\$23.62	\$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	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20.56	\$9.34	8.86	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.66	\$7.07	\$0.00	\$1.78	\$2.06	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135,15	\$59,93	\$0.00	\$15,12	\$17.46	\$0,00	\$23,31	\$9.34	\$8,86	\$1.13
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.8161</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$184.06	\$108,84	\$0,00	\$15,12	\$17.46	\$0,00	\$23.31	\$9.34	\$8.86	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$2.18	\$2.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.53	\$3.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19+Ln 24	\$205.59	\$112.64	\$0.00	\$15.34	\$17.87	\$0.00	\$40.41	\$9.34	\$8.86	\$1.13
					I	1	I	L	!	i		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$141.37

(Ln 25 - Ln 23) \* 0.75

# Quarterly Case Mix Per Diem Calculation

Provider: Ansley Park Health & Rehab Center Prvdr iD: 003136416A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurse	·	ta and Percentages Growth Allowance: BIMS: Day/Quality Incentive:		Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1,3981 1,4222	State- wide 1.3617 1.4347 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
CASE MIX BASED RATE CALCULATIONS		a !	<u> </u>	с	<u>d</u>	e	f	<u>, a</u>		h	i
Cost Center Peer Groups per Selected Options Type of Facility wilhin Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$172.42 \$16.97 \$192.41	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.4222	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 62,514 20,721 \$ 3.02	\$39.71 \$39.71 \$39.71 (FRV Rate)	
Qrlly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$224.92	\$109.53 \$109.53		\$19.83	\$24.87		\$22.14	\$3,02	\$39.71	\$5.82
BIMS Add-on Per Diem = 1.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$1.10 \$3.29 \$17.10 \$21.48	\$1.10 \$3.29					17.10			
Quarterly Case Mix Based Per Diem Rate		\$246.40	\$113.91		\$19.83	\$24.87		\$39.24	\$3.02	\$39,71	\$5.82
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$171.98										T

1	rovider: Appling Nursing and Rehab Pavillion rvdr ID: 00140093A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; htdy BIMS score	23.6%	Add-on Percent 13,37% 1.0% 3.0%			d Overall CMI; Medicald CMI:		Facility <u>Specific</u> 1.0796 1.0928 1.1072	State- wide 1.3617 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
C	ASE MIX BASED RATE CALCULATIONS		: ::::::: <b>à</b> ``:::::::::::::::::::::::::::::::::::	ja in beggin	Property of the	୍ଟର୍ଗ ସେ <b>ପ</b> ୍ରେମ୍ବର	Yangidi etanggal	osti va <b>f</b> a i i	unte ti <b>g</b> ekkeni	g	oogie stroe <b>h</b> alaag	i
-	The state of the s											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,411,383	\$3,136,854	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PL Ins Rpt Days								36,711		-
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9.69	\$0.00
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.0796</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$80.03	\$0.00	\$26.11	\$24. <del>9</del> 2		\$20.30	\$5.94	\$9.69	\$0.00
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	\$175.81	\$71.51	\$0.00	\$26.11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwlh Allwnc %	\$18.85	\$9.56	\$0.00	\$3.49	\$3.09	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$194,66	\$81,07	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1072								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$203.35	\$89.76 \$89.76	\$0.00	\$29,60	\$26,18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
"	Quantity included Only Allowed Col Dieth	110 2110,100 2110	\$200,00	\$05,70	30.00	\$25,00	\$20,10	\$0.00	\$25.01	\$0.34	\$20.00	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0,90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.69	\$2.69					047.40			
23 24	Nursing Home Provider Fee  Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.10	\$3.59	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.29	\$0.00	\$0.00	60.00
-												\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + l,n 24	\$224.45	\$93,35	\$0.00	\$29.82	\$26.18	\$0.00	\$40.30	\$5.94	\$28.86	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.51									

# Quarterly Case Mix Per Diem Calculation

Pr	ovider: Archway Transitional Care Center vdr ID: 003185502A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ta and Percentages Growth Allowance: BIMS; Day/Quality Incentive;	Facility Score N/A 52.3% 3.98	Add-on Percent 13.37% 5.5% 2.0%		Quarteri	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options;		Facility Specific Use Stwd 1.2877 1.3080	State- wide 1,3617 1,4347 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 i	b	C	d	е	f	g		h	ì
	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.95 \$16.97 \$178.75	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.3080 \$100.73	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 95,619 19,779 \$ 4.83	\$24.20 \$24.20 \$24.20 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2,0%		\$202.46 \$5.54 \$2.01	\$100,73 \$5.54 \$2.01		\$19.83	\$24.87		\$22,14	\$4.83	\$24,20	\$5.86
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$24.65						17.10			
	Quarterly Case Mix Based Per Diem Rate		\$227.12	\$108.29		\$19.83	\$24.87		\$39.24	\$4.83	\$24.20	\$5.86
ł	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$157,51								1		T

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

1	rrovider: Arrowhead Healthcare  vvdr ID: 00143162A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; trry BIMS score	Facility Score N/A 64.6% 2.21	Add-on Percent 13.37% 5.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4860 1.9297 1.9678	State- wide 1.3617 1.4820 1.4569
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1360			i a a a	idia bili iley	esterration en	es de de la la		f	g	g :	gyand sity <b>h</b> am led ear.	
⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sixes Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,472,469	\$2,829,977	\$0	\$518,714	<b>\$</b> 365,429	\$307,891	\$772,323	\$34,098	\$644,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.29	\$66.69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.4860</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44,88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
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	\$107.53	\$44.88	\$0.00	\$13,55	\$18.42		\$18.72	\$0.89	9.35 (FRV)	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons										(,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.77	\$6.00	\$0.00	\$1.81	\$2,46	\$0,00	\$2.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120,30	\$50,88	\$0.00	\$15.36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.9678								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.54	\$100,12	\$0.00	\$15,36	\$20,88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5,51	\$5,51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.14	\$8.04	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.68	\$108.16	\$0.00	\$15.58	\$21.29	\$0.00	\$38,69	\$0,89	\$9.35	\$1.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.94			-						

	vider: Autumn Breeze Health Care Ctr dr ID: 00140159A  Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin	e: 4/1/2020		owth Allowance; Otrly BIMS score	38.6%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2569 1.5325 1.5625	State- wide 1.3617 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
			Programme,	6.80.112. <b>b</b> @4755	c	d	· · · · · · · · · · · · · · · · · · ·	agger <b>f</b> aggej a	g.	erii grain	មិនប្រែក្រុម មិនប្រជា	<u> </u>
CA	SE MIX BASED RATE CALCULATIONS											
1 (	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0,37			
Ε	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	\$5,659,915	\$2,871,125	\$0	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$588,903)	(\$272,137)	\$0	(\$26,640)	\$609	\$4,521	(\$277,714)		(\$53,097)	\$35,555
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	\$0	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days								33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$142.84	\$73.14	\$0,00	\$14,74	\$14,36	(with L&H)	\$21.88	\$1.88	\$15.84	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.2569								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$58,19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$58.19	\$0,00	\$14.74	\$14,36		\$21.88	\$1.88	\$15.84	\$1.00
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	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1.88	8,84 (FRV)	\$1.00
1 1	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$14.42	\$7.78	\$0.00	\$1.97	\$1.92	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133,99	\$65,97	\$0,00	\$16.71	\$16.28	\$0.00	\$23.31	\$1.88	\$8.84	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5625</u>								
18	Outstand Advisors' CAMA Missaud Res Piles	เภ 16 x เภ 17 RS = Ln 18, AllOthr = Ln 16	0.7. 10	\$103.08	***	210.71	*40.00	40.00	400.04			
19	Quartedy Medicaid CMA Allowed Per Diem	RS = Ln 18, Allothr = Ln 18	\$171,10	\$103,08	\$0,00	\$16.71	\$16.28	\$0.00	\$23.31	\$1.88	\$8.84	\$1.00
C	Quarterly 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		\$2.58	\$2.58						1		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	เภ 19 Cal b x Sting Add-on	\$3.09	\$3.09								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$6.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0,00	\$0,00	\$0.00
25 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.03	\$109.28	\$0.00	\$16.93	\$16,69	\$0.00	\$40.41	\$1.88	\$8.84	\$1.00
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$133,45									

# Quarterly Case Mix Per Diem Calculation

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurse		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 42.4% 3.56	Add-on Percent 13.37% 2.5% 3.0%	*****	Quarter	: (CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2897 1.2997 1.3195	State- wide 1.3617 1.4347 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	е	f f	g		h	· i
CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.91 \$16.97 \$180.65 \$205.25	1 All Facilities All Bed Sizes 90.0% 100.0% 50.53  \$71.51 \$67.93 \$9.08 \$77.01 1.3195 \$101.62	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	: 1	\$33.41 \$33.41 (FRV Raie) \$33.41	
Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 2.5% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$2,54 \$3,05 \$17,10 \$22,69	\$2.54 \$3.05			, — ··-		17.10	Annual management of the control of	<del>4</del> 55.41	55,01
Quarterly Case Mix Based Per Diem Rate		\$227.94	\$107.21		\$19.83	\$24,87		\$39.24	\$2.77	\$33.41	\$0.61
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$158.13	7221.01	9101.21	-	313.00	324,01		\$35,24	32.17	\$33.41	30.01

State-

Facility

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

Facility

Add-on

P	rovider: Avalon Hith. & Rehab	<u> </u>	Add-on Data and	Percentages	Score	Percent	Cas	e Mix Index (0	CMI) Data		Specific	wide
P	rvdr ID: 00142084A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;		_	owth Allowance: Ntrly BIMS score Luality Incentive:	65.0%	13.37% 5.5% 3.0%	Qrtrly Mcaid	Quarterly I	d Overall CMI; Medicaid CMI; Wght Options;		1.1537 1.3745 1.3943	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	nger groje <b>b</b> ili indirejn.	i c	d	e i i i i i i i i i i i i i i i i i i i	272. a <b>f</b> ara, a	g	g g	Pitter had been been been been been been been bee	i
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$4,383,726	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,927)	(\$3,894)	\$0	\$0	\$301	\$317	(\$20,109)		(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034
8	Total Nursing Facility Days As Filed Days = 28,784	FY12 Audited C/R Days	28,784									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days								28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$151.49	\$80,10	\$0,00	\$14.25	\$19.33	(with L&H)	\$19.66	\$2.99	\$14.29	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1537</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69,43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	\$14.29	\$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 £n 13	\$136.52	\$69,43	\$0,00	\$14.25	\$19.33		\$19.66	\$2.99	9.99	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,40	\$9.28	\$0.00	\$1.91	\$2.58	\$0.00	\$2,63	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.92	\$78.71	\$0.00	\$16.16	\$21.91	\$0.00	\$22,29	\$2.99	\$9,99	\$0,87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.3943</u>					İ			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183,96	\$109.75	\$0.00	\$16,16	\$21.91	\$0.00	\$22.29	\$2.99	\$9.99	\$0.87
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem. ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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)	En 19 Col b x CPS Add-on	\$6.04	\$6.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.96	\$9.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00

Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25

\$211.92

\$146.12

\$119.61

\$0.00

\$16.38

\$22,32

\$39.76

\$2.99

\$0.00

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$9.99

\$0.87

1	ovider: Azalea Health & Rehabilitation  vdr ID: 00141963A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Othy BIMS score	35.5%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3435 1,4994 1,5270	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dïetary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
6.37			а	Marine busics	· · · · · · · · · · · ·	d d		4 (days) <b>f</b> (35)/45	g	g	នេះសូរ៉ូស្កែ <b>ក</b> ាស់សូរ	:::(1,
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facilify within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts							ļ				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,162,617	\$1,603,561	so.	\$369,394	\$169,767	\$239,686	\$480,884	\$105,708	\$193,617	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)		(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days								27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$50,86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.86	\$0.00	\$15,74	\$17.44		\$18.92	\$3.80	\$7.21	\$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	\$117.46	\$50.86	\$0.00	\$15.74	\$17.44		\$18.92	\$3,80	9,66 (FRV)	\$1,04
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$13.76	\$6.80	\$0.00	\$2.10	\$2.33	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.22	\$57.66	\$0,00	\$17.84	\$19.77	\$0.00	\$21.45	\$3.80	\$9.66	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>1,5270</u>								
18	Outday Noutine Stycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,05							<b></b> 1	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.61	\$88.05	\$0.00	\$17.84	\$19.77	\$0.00	\$21.45	\$3.80	\$9.66	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2,20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,47	\$5,37	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.08	\$93.42	\$0.00	\$18.06	\$20.18	\$0.00	\$38.92	\$3.80	\$9.66	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$125.99									

Case Mark Policy Replace Country   Case Mark Policy Replace Country   Case Mark Policy Replace Country   Case Mark   Case Ma	1	rovider: Azalea Health & Rehab	4400.00	Add-on Data and	l Percentages owth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index ( Base Perio	CMI) Data d Overall CMI:	4.	Facility Specific 1.5985	State- wide 1,3617
Description   Procession   Pr								Ontrly Meaid				1.7261	
Coase MIX BASED RATE CALCULATIONS	Line	Description		Totals			Dietary		Operatns	and	The second second	and	and
Cost Center Peer Groups   Cost Center Peer Groups   Cost Center Peer Groups   All Facilities   All Facilit				a e	23000 <b>d</b> 3000	С	đ	i de la composition de la composition de la composition de la composition de la composition de la composition	39000 <b>1</b> 00000	rise gratie	g	wasaa haaraa	Says, 1 199
Proceedings within Free Councy   American Process	9	ASE MIX BASED RATE CALCULATIONS											
2   Peer Group Standards: Presenting   Specific Specifi	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Seves Combined) As Filed PY12 CRF. PY 2018 GL.P.L. Ref. (450, 412) As Filed Cost Center Costs (Ref. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs)  FY12 Audited CR	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
As Filed Cost Center Costs (Routine & Special Seves Combined) As Filed PY12 CRF. PY 2018 GL.P.L. Ref. (450, 412) As Filed Cost Center Costs (Ref. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs (Art. Audit Adjustments and Residocations to Cost Center Costs)  FY12 Audited CR		Rase Period Per Diem Allowed Amounts											
6 Audil Adjustments and Reallocations to Cost Center Costs   FY12 CRA Audit Adjustments   S38,474   S0   S0   S1,511   (S2,153)   (S33,581)   S249,842   S440,113   S2,876   S261,330   S39,606   S175,332   S249,842   S440,113   S2,876   S261,330   S39,606   S461,815   S175,332   S440,113   S2,876   S261,330   S39,606   S461,815   S461,8	5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686	\$2,425,377	so	\$456,736	\$176.843	\$251,995	\$873.694	\$2.876	\$303.165	so
7 Cost Certor Costs After Audit Adjustments FY12 Audited CRT S4,45,121 S2,425,377 \$0 \$466,786 \$175,332 \$249,842 \$840,113 \$2,876 \$261,330 \$39,606 \$175,332 \$175,132 \$175,132 \$175,132 \$175,132 \$175,132 \$175,132 \$175,133 \$1	6		FY12 C/R Audit Adjstmts	} '	1	\$0	1			1			
## Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	1	\$2,425,377	\$0	\$456,736				\$2,876		1
9 Net Per Dierms prior to Case Mix Adjistmt to Routline Srvcs	8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831									
Base Period Facility Case Mix Adjusted (CMA) Net Per Diem   Ln 9 / Ln 10   S47,67   S0.00   S14.35   S13.36   S26.39   S0.10   S8.21   S1.24	ĺ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.85	\$76.20	\$0.00	\$14.35	\$13.36	(with L&H)	\$26.39	\$0.10	\$8.21	\$1,24
12 Net Per Diems after Case Mix Adjstmt to Routine Srves	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5985								
Per Diem Standards (After Statewide CMA for Routine Srives)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
Base Period Case Mix Adjusted Allowed Per Diem   Lesser of Ln 12 or Ln 13   \$109.24   \$47.67   \$0.00   \$14.35   \$13.36   \$20.56   \$0.10   \$11.96   \$12.40	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
Quarterly Per Diem Rate Prior to Add-ons   CRRV	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	
15   Growth Allowance Percentage = 13.37%   Ln 14 x Growth Allowance   S12.83   \$6.37   \$0.00   \$1.92   \$1.79   \$0.00   \$2.75   N/A   N/A   N/A	14	•	Lesser of Ln 12 or Ln 13	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20,56	\$0.10		\$1.24
16 CMA Allowed Per Diem (Alter Growth Allowance Add-on)	15	· · · · · · · · · · · · · · · · · · ·	Lo 14 x Goeth Allienc %	\$12.83	\$6.37	\$0.00	\$1.02	¢1 70	\$0.00	\$2.75	MA	MA	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents				1	1	1	1	·	1	f	1		i
18	17				1	1		\$.3,10	1	1		4.1.50	¥1.2.
19 Quarterly Medicaid CMA Allowed Per Diem	18		Ln 16 x Ln 17										
20 Efficiency Add-on Per Diem ((Stnd - Awd) x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0	19		RS = Ln 18, AllOthr = Ln 16	\$163,00	1	\$0.00	\$16.27	\$15,15	\$0.00	\$23,31	\$0.10	\$11.96	\$1.24
20 Efficiency Add-on Per Diem ((Stnd - Awd) x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)  Ln 19 Col b x Sting Add-on	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	21	BIMS Add-on Per Diern = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
24     Total Quarterly Per Diem Add-on Amounts     Sum of Lns 20 thru 23     \$22.53     \$4.80     \$0.00     \$0.22     \$0.41     \$0.00     \$17.10     \$0.00     \$0.00     \$0.00       25     Quarterly Case Mix Based Per Diem Rate     Ln 19 + Ln 24     \$185.53     \$99.77     \$0.00     \$16.49     \$15.56     \$0.00     \$40.41     \$0.10     \$11.96     \$1.24	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$185.53 \$99.77 \$0.00 \$16.49 \$15.56 \$0.00 \$40.41 \$0.10 \$11.96 \$1.24	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.80	\$0.00	\$0.22	\$0.41	\$0,00	\$17,10	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$126.32	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185,53	\$99.77	\$0.00	\$16.49	\$15.56	\$0.00	\$40.41	\$0.10	\$11.96	\$1.24
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.32									

Į.	rovider: Azalea Trace Nursing Home rvdr (D: 00141886A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Vurse Hours		vth Allowance: ly BIMS score	Facility Score N/A 40.7% 4,43	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,2980 1,3280 1,3508	State- wide 1,3699 1,4569 1,4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u></u>			<u>a</u>	, b	С	d	ее	f	g	g	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$6,207,310	\$3,799,856	SO.	\$638,476	\$441,605	\$202,336	\$780,426	\$89,287	\$255,324	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$71,116)	\$0	\$0	\$0	\$0	\$0	(\$71,116)	1 1	(\$6,444)	\$6.444
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$6,136,194	\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$709,310	\$89,287	\$248,880	\$6,444
8	Total Nursing Facility Days As Filed Days = 38,837	FY13 Audited C/R Days	38,837									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,967	FY 18 GL-PL Ins Rpt Days								36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.12	\$97.84	\$0.00	\$16.44	\$16.58	(with L&H)	\$18.26	\$2.42	\$6,41	\$0.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2980								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75,38	\$0,00	\$16.44	\$16.58		\$18.26	\$2.42	\$6,41	\$0.17
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	\$138.04	\$73,90	\$0.00	\$16,44	\$16.58		\$18.26	\$2.42	10.27	\$0.17
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16,74	\$9.88	\$0.00	\$2.20	\$2,22	\$0.00	\$2,44	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154,78	\$83.78	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3508			*	13.00	1		010.23	<b>\$</b> 0.11
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.17				į				
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.17	\$113.17	\$0.00	\$18.64	\$18,80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.83	\$2.83	\$0.00	Q0.22	90,41	\$0.00	\$0,57		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2,0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,19	\$5.09	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.36	\$118.26	\$0.00	\$18.86	\$19.21	\$0.00	\$38.17	\$2.42	\$10.27	\$0.17
	-		7207.00	1	10.00	310.80	\$10.Z	30.00	230.17	\$4.42	\$ (U,Z/	\$0.17

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.70

(Ln 25 - Ln 23) \* 0.75

Line #  Description  CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry &	Plant	Admin		Property	Taxes
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits		a	b			Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits		1 1		С	d	е	T	g		h	l l
Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt Y 2012 Peer Group Limit	\$145.42 \$16.97 \$164.16	1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.6239 \$125.06	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	·	\$17.05 \$17.05 \$17.05 (FRV Rate)	\$1.48 \$1.48
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee		\$212.20 \$3.13 \$3.75 \$17.10	\$125.06 \$3.13 \$3.75		\$19.83	\$24.87		\$22.14	\$1.77	\$17.05	\$1.48
Total Quarterly Per Diem Add-On Amounts		\$23.98						17.10			
Quarterly Case Mix Based Per Diem Rate		\$236.18	\$131.94		\$19.83	\$24.87		\$39.24	\$1.77	\$17.05	\$1.48
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$164.31	φ230.10	ψ131.34		φ19.03	φ24.01		\$33.24	Ψ1.77	Ψ17.03	ψ1. <del>4</del> 0

1	Provider: Bainbridge Health Care  Prvdr ID: 00258915A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; trly BIMS score	Facility Score N/A 41.7% 2.53	Add-on Percent 13,37% 2,5% 3,0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.2138 1.7087 1.7410	State- wide 1.3617 1.4820 1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
100			diggs <b>a</b> gridige	b	**************************************	ergandiggs.	e	edito freque	g	g .	general <b>h</b> arry is	<b>i</b> ,,;-
<u>C</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Períod Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143	\$1,795,891	\$0	\$371,884	\$254,122	\$217,451	\$524,151	\$26,806	\$441,838	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$173,176)	(\$123,931)	\$0	\$791	\$1,934	\$7,219	(\$48,025)		(\$30,544)	\$19,380
7	,	FY12 Audited C/R	\$3,458,967	\$1,671,960	\$0	\$372,675	\$256,056	\$224,670	\$476,126	\$26,806	\$411,294	\$19,380
8		FY12 Audited C/R Days	32,126									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,797	FY 18 GL-PL Ins Rpt Days								24,797		
9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ln 7 / Ln 8 Col a	\$107,90	\$52,04	\$0.00	\$11.60	\$14,96	(with L&H)	\$14.82	\$1.08	\$12.80	\$0.60
10		from 4 qtrs of FY12		<u>1.2138</u>								
11	the state of the s	Ln 9 / Ln 10		\$42.87								
12		RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11,60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
13	1	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	\$93,60	\$42.87	\$0,00	\$11.60	\$14.96		\$14.82	\$1.08	7,67 (FRV)	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$11.26	\$5.73	\$0.00	\$1.55	\$2.00	\$0.00	\$1.98	N/A	N/A	N/A
16	,	Ln 14 + Ln 15	\$104,86	\$48,60	\$0,00	\$13,15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
17		per Current Qtr End Ln 16 x Ln 17		1.7410								
19	and the same and t	RS = Ln 18, AllOthr = Ln 16	\$140.87	\$84.61 \$84.61	\$0.00	040.45	<b>*</b> 45.00	40.00	640.00	64.00		***
19	Qualiterly Medicaid CMA Allowed Per Dieffi	RS - LB 16, ADDIII - LH 16	\$140,87	\$84,61	\$0,00	\$13,15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.12	\$2.12								
22		Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23		(Fixed Amount)	\$17.10			]			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.29	\$5.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.16	\$89.80	\$0.00	\$13.37	\$17.37	\$0.00	\$34.27	\$1.08	\$7.67	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$110.30									

	rovider: Baptist Village, Inc. rvdr ID: 00140203A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: htrly BIMS score	Facility Score N/A 25.5% 4.47	Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI Medicaid CMI Wght Options	:	Facility <u>Specific</u> 1.1403 1.3377 1.3613	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatos & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ing a branch of	i i piev <b>o</b> ntite.	Portuid agent		ejeské <b>f</b> an <sub>s</sub> a	g	g	h	27542 J. 1871
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$13,946,033	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,701,738	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days ≈ 85,093	FY12 Audited C/R Days	85,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days								78,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1,33	\$9,96	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1403</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75,86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$75.86	\$0.00	\$20.95	\$23,16		\$20,00	\$1,33	\$9,96	\$0.42
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	\$153,91	\$71.51	\$0,00	\$18.41	\$23.09		\$20.00	\$1.33	19.15 (FRV)	\$0.42
	Quarterly Per Diem Rate Prior to Add-ons										(CRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.78	\$9.56	\$0,00	\$2.46	\$3.09	\$0,00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$171.69	\$81.07	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19,15	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3613</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.98	\$110.36	\$0.00	\$20.87	\$26.18	\$0.00	\$22.67	\$1.33	\$19.15	\$0.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1,10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3,31	\$3,31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.78	\$4.41	\$0.00	\$0.00	\$0.00	\$0,00	\$0,37	\$0,00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.76	\$114.77	\$0.00	\$20.87	\$26.18	\$0.00	\$23.04	\$1.33	\$19.15	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.32									

P	rovider;	Bayview Nursing Home		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (I	CMI) Data		Facility Specific	State- wide
P	Prvdr ID;	00624951A			owth Allowance:		13.37%			d Overall CMI:		1.3673	1.3617
		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p	oer On-Site Day/C	ltrly BIMS score tuality Incentive:		2.5% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options;		1.4122 1.4378	1.4820 1.4569
	anii in				Routine	Special	Street Street	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	VEL SE	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and	Insurance	and	and
1			Cacuations	a	ь	С	d	е	o wam	General g	g	Related h	Insurance
111.11			ye sheerbaayaa shaaray ee komaalaa ay oo baayaa		AGENTA DELLEGAT		Language Control	Control of Control of	12100A 231 (1250) A 1	y	9 1000		alleges Market
<u>L</u>	ASE MI	IX BASED RATE CALCULATIONS											
1	1	enter Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	1	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
		oup Standards & Efficiency Measure Limits											
2		Group Standards: A Elifciency measure Linns Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficie	ncy Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Pe	eriod Per Diem Allowed Amounts											
5	As File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,141,476	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6		Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7		Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,109,249	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$345,320	\$50,140	\$293,016	\$44,833
8		al Nursing Facility Days As Filed Days = 20,789	FY12 Audited C/R Days	20,789									
		al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days								21,900		
9		er Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$149.44	\$76.90	\$0.00	\$17.27	\$20.12	(with L&H)	\$16.61	\$2.29	\$14.09	\$2,16
10		se Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.3673 \$56,24								
12		uline Srvcs Case Mix Adjstd (CMA) Net Per Diem er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$56.24 \$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16
13		em Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$30.24	\$0.00	\$17.27	\$20.12		\$20.56	\$2.29	\$14.09 N/A	\$2.10
14		Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.24	\$56.24	\$0.00	\$10.41	\$20.12		\$16.61	\$2.29	13.55	\$2.16
1				4123.27			7	424.12		1,0,0,1	42.23	(FRV)	<b>42.10</b>
	1	ly Per Diem Rate Prior to Add-ons											
15	-	h Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.74	\$7.52	\$0,00	\$2.31	\$2.69	\$0.00	\$2.22	N/A	N/A	N/A
16 17	1	Allowed Per Diem (After Growth Allowance Add-on) arterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$142.98	\$63.76 1.4378	\$0,00	\$19,58	\$22.81	\$0,00	\$18,83	\$2.29	\$13,55	\$2.16
18		dy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.67								
19	l .	edy Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.89	\$91.67	\$0,00	\$19,58	\$22,81	\$0.00	\$18,83	\$2.29	\$13,55	\$2.16
		,			*****			-		******	72.132	2.0.00	<b>V</b> . 1.
	1	ty Per Diem Add-on Amounts										_	
20	1	ncy Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 22	1	Add-on Per Diem =         2.5% (to Routine Srvs)           Staff Hrs / Quality Add-on Per Diem == 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$2.29 \$2.75	\$2.29 \$2.75								
23	1	Statt Hrs / Quality Add-off Per Diem = 3.0% (to Routine Sives)	(Fixed Amount)	\$2.75	\$2.75					\$17.10			
24		Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	\$5,57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	-	ty Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194,56	\$97.24	\$0.00	\$19.80	\$23.22	\$0.00	\$36,30	\$2.29	\$13.55	\$2,16
-	ļ	•			***,.27	1	1 4,5,66	440.44	1	\$55,50	V	<b>V.0.55</b>	<b>42.10</b>
26	Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.10									

i	rovider: The Bell-Minor Home, Inc. nvdr ID: 00059397A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Vurse Hours		vth Allowance: ly BIMS score		Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.4312 1.6370 1.6697	State- wide 1,3699 1,4569 1,4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
;——	The second secon	THE INTERNAL INCOME AND ADDRESS OF THE PROPERTY OF THE PROPERT	8	<b>b</b>	C	. <u>d</u>	e	f	g	9	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile											
3	Peer Group Standards: Percentine Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,675,335	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$1,020,033	\$133,682	\$1,224,837	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$104,759)	\$0	so	\$0	\$0	\$0	(\$104,759)		(\$65,551)	\$65,55
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	so	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,55
8	Total Nursing Facility Days As Filed Days = 34,932	FY13 Audited C/R Days	34,932									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,404	FY 18 GL-PL Ins Rpt Days	•							34,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	in7/in8Cola	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY10		1.4312								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43,97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$43,97	\$0.00	\$13,54	\$17.90		\$26.20	\$3.89	\$33.19	\$1.86
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	\$118.32	\$43.97	\$0.00	\$13.54	\$17,90		\$23.46	\$3.89	13.68	\$1.88
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.22	\$5,88	\$0.00	\$1.81	\$2,39	\$0.00	\$3,14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + i,n 15	\$131.54	\$49.85	\$0.00	\$15.35	\$20.29	\$0.00	\$26,60	\$3.89	\$13.68	\$1.8
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6697								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 16 x in 17		\$83.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.92	\$83.23	\$0.00	\$15.35	\$20.29	\$0,00	\$26.60	\$3.89	\$13,68	\$1.88
	Quarterly Per Diem Add-on Amounts				***************************************							
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.08	\$2.08		1					\$5,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-or	\$2.50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$5.11	\$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	\$187.76	\$88.34	\$0.00	\$15.57	\$20.70	\$0.00	\$43.70	\$3,89	\$13.68	\$1.88
				<del> </del>	1		1	1	1	733	7.5,50	71.00

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$128,00

(Ln 25 - Ln 23) \* 0.75

Facility Add-on Facility State-Berrien Nursing Center Provider; Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID; 00143382A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,3657 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Otrly BIMS score 33.0% 2.5% Quarterly Medicaid CMI: 1,5540 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Moaid CMI w RUG Wght Options: 3.0% 3.49 1.5804 1,4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	1989 P. D. 1999	С	d	ddang <b>e</b> Sfandi	parts figur	g	g	gallel, an <b>h</b> arge eight	nan'jes <b>i</b> seggi
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts						-					
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Fited FY12 C/R -FY 2018 GL-PL Rpt	\$5,378,143	\$2,639,676	\$0	\$654,635	\$340,368	\$284,150	\$817,717	\$154,198	\$487,399	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$76,686)	(\$6,925)	\$O	\$0	\$0	\$3,548	(\$73,309)		(\$35,723)	\$35,723
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,301,457	\$2,632,751	\$0	\$654,635	\$340,368	\$287,698	\$744,408	\$154,198	\$451,676	\$35,723
8	Total Nursing Facility Days As Filed Days = 37,394	FY12 Audited C/R Days	37,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,514	FY 18 GL-PL Ins Rpt Days								35,514		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.01	\$70.41	\$0.00	\$17.51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51,56	\$0,00	\$17.51	\$16.80		\$19,91	\$4.34	\$12.08	\$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	\$122.12	\$51,56	\$0.00	\$17.51	\$16.80		\$19,91	\$4.34	11.04	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,14	\$6,89	\$0.00	\$2.34	\$2.25	\$0.00	\$2.66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136,26	\$58,45	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4,34	\$11.04	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5804				,	1	• 1		
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.18	\$92.37	\$0.00	\$19.85	\$19.05	\$0.00	\$22,57	\$4.34	\$11.04	\$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.33	\$2.31	\$0.00	\$0.22	\$0.41	30.00	30,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	¥277					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.71	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Ln 24	\$193.89	\$97.98	\$0.00	\$20.07	\$19.46	\$0.00	\$40.04	\$4.34	\$11.04	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.59		<u> </u>	<u> </u>	L	1		1 , 1	*	4-13-
		(5120-5120) 0.10	<b>⊋13∠.</b> 39									

	Provider: Prvdr ID:	Blue Ridge Healthcare of Buchanan 00142722A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 25.0% 2.58	Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data  Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Moaid CMI w RUG Wght Options;	Facility <u>Specific</u> 1.2328 1.3720 1.3953	State- wide 1.3617 1.4820 1.4569	
-	Lîne #	Description	the factor problems	Sources / Totals Routine Services	Special Services	Dietary	Doerains I and I	G-GL-PL Property and surance Related	Taxes and Insurance	

Lîne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.00			а	Alegia de beleviosado	С	d	е	1999; <b>f</b> 1999;	g	g	h h	casi d <b>i</b> potas
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	M		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012	\$1,403,168	\$0	\$280,639	\$144,834	\$154,879	\$529,393	\$75,853	\$125,246	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days								18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$132.42	\$68.88	\$0.00	\$14.07	\$15.62	(with L&H)	\$23.39	\$4.05	\$5.52	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2328								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5,52	\$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	\$121,32	\$55,87	\$0,00	\$14.07	\$15.62		\$20.56	\$4.05	10,26	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,19	\$7.47	\$0.00	\$1.88	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.51	\$63,34	\$0.00	\$15,95	\$17.71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7,55.51	1.3953			*****	40.00	V20.07	7	410.23	0.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.55	\$88.38	\$0.00	\$15,95	\$17,71	\$0,00	\$23.31	\$4.05	\$10.26	\$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)	\$1.16	\$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	\$0.88	\$0.88		*****	<b>4</b>	44.55	\$5,55		40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	72.50					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$4.06	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + l.n 24	\$182.34	\$92.44	\$0.00	\$16.17	\$18.12	\$0.00	\$40.41	\$4.05	\$10.26	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.93			1			l			

	Provider: Bolingreen Health & Rehab Prvdr ID: 00059485A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: trly BIMS score	Facility Score N/A 36.1% 3.01	Add-on Percent 13.37% 2.5% 3.0%	***************************************	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3111 1,4830 1,5062	State- wide 1.3617 1.4820 1.4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
19:11			а	b	c	avgg <b>d</b> agagr	<b>e</b> - 1	37.50 <b>.1</b> 0.000	g	g	Historia de la composição de la composição de la composição de la composição de la composição de la composição	-1277 <b>1</b> 776-1
<u> </u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,002	\$3,270,937	\$0	\$608,675	\$376,536	\$392,715	\$788,608	\$115,650	\$210,881	\$0
6	, , , , , , , , , , , , , , , , , , , ,	FY12 C/R Audit Adjstmts	(\$30,764)	(\$496)	\$0	\$000,075	\$370,330	\$392,113	(\$30,268)	\$115,000	(\$25,461)	\$25,461
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,733,238	\$3,270,441	\$0	\$608,675	\$376,536	\$392,715	\$758,340	\$115,650	\$185,420	\$25,461
8	1	FY12 Audited C/R Days	42,350			4000,010	40,0,000	4002,110	\$1.00,010	\$110,000	0100,420	<b>\$20,407</b>
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9		Ln 7/Ln 8 Col a	\$135.53	\$77,22	\$0.00	\$14,37	\$18.16	(with L&H)	\$17.91	\$2.89	\$4.38	\$0,60
10	1	from 4 qtrs of FY12		1,3111				,				
11	1	Ln 9/Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58,90	\$0.00	\$14,37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
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 Diern	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8,28	\$0,60
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14,61	\$7,87	\$0.00	\$1.92	\$2.43	\$0.00	\$2.39	N/A	N/A	N/A
16	· —	Ln 14 + Ln 15	\$135.72	\$66.77	\$0.00	\$16.29	\$20,59	\$0,00	\$2.39	\$2.89	\$8,28	\$0.60
17	,	per Current Qir End	V100.72	1.5062	\$0.00	\$10.23	Q20,00	\$0,00	\$2,0,50	\$2.00	\$0.20	\$0.00
18		Ln 16 x Ln 17		\$100,57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.52	\$100.57	\$0.00	\$16.29	\$20.59	\$0.00	\$20.30	\$2.89	\$8.28	\$0.60
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	***************************************	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51	45.00	******	<b>45.41</b>	\$5,00	45,51		\$3,00	
22	<u> </u>	Ln 19 Col b x Stfng Add-on	\$3.02	\$3,02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	1	Sum of Lns 20 thru 23	\$24.16	\$6,06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.68	\$106.63	\$0.00	\$16.51	\$21,00	\$0,00	\$37.77	\$2.89	\$8.28	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$132.44							· · · · · · · · · · · · · · · · · · ·		

1	rovider: Bonterra Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent 13.37%	Cas	e Mix Index (C			Facility Specific	State- wide
r	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p	Qtriy BIMS score per On-Site Day/Quality Incentive:		31.6%	13,37% 2,5% 3,0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				1.3678 1.3555 1.3777	1.3617 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
1.417				<b>b</b>	С	ď	8	orging the place	an as gariisi	g	::::::::::::::::::::::::::::::::::::::	885. <b>i</b> -
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$6,749,521	\$2,873,258	\$0	\$549,737	\$297,922	\$383,371	\$1,324,526	\$151,678	\$1,169,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	(\$54,619)	(\$475,340)		(\$51,492)	\$84,488
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days # 38,644	FY12 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days								38,641		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$152.99	\$66.19	\$0,00	\$13.72	\$16.07	(with L&H)	\$21.97	\$3.93	\$28,92	\$2.19
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1,3678</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$48,39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0,00	\$13.72	\$16,07		\$21.97	\$3.93	\$28.92	\$2.19
13 14	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits Lesser of Ln 12 or Ln 13	24444	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Eesser of LR 12 of LR 13	\$114,12	\$48,39	\$0,00	\$13.72	\$16.07		\$20,56	\$3.93	9,26 (FRV)	\$2.19
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13,20	\$6,47	\$0.00	\$1.83	\$2.15	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$127,32	\$54,86	\$0,00	\$15,55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3777</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148,04	\$75,58	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$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	\$1.89	\$1.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
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	\$170.46	\$80.27	\$0,00	\$15.77	\$18.63	\$0.00	\$40.41	\$3.93	\$9.26	\$2.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.02									

Provider: Bostick Nursing Center Prvdr ID: 003192286A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		<b>04/01/20</b> 12/31/19		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 13.9% 5.14	Add-on Percent 13.37% 0.0% 1.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility Specific Use Stwd 1.1987 1.2194	State- wide 1.3617 1.4347 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	С	d	е	T T	g		h	I
CAS	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rp FY2018 GL-PL Ins. Rp FY 2012 Peer Group Lir	ot	1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.2194 \$93.91	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 42,226 11,249 \$ 3.75	\$20.20 \$20.20 \$20.20 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$187.65 \$0.00 \$0.94	\$93.91 \$0.00 \$0.94		\$19.83	\$24.87		\$22.14	\$3.75	\$20.20	\$2.95
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$18.04						17.10			
	Quarterly Case Mix Based Per Diem Rate		\$205.69	\$94.85		\$19.83	\$24.87		\$39.24	\$3.75	\$20.20	\$2.95
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$141.44										

Provider: Prvdr ID:	Brentwood Health & Rehab 00140071A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020	ours per On-Site Day/Quality Incentive:			Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1,3764 1,3622 1,3827	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Related	Taxes and Insurance
te letroteni			i digita a a a pila di		i c	para sa <b>d</b> iji nga	ananderskind		g	g	<b>h</b>	ellerge, Design
CASE M	IX BASED RATE CALCULATIONS			-								
4	enter Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
1	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	roup Standards & Efficiency Measure Limits											
	Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	Group Standards: Mulliplier ency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
Base Po	eriod Per Diem Allowed Amounts											
5 As File	ed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0
6 Audit	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7 Cost (	Center Costs After Audit Adjustments	FY12 Audiled C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8 Tot	tal Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080									

\$130,66

\$109.03

\$12.81

\$121.84

\$71.22

1.3764

\$51.75

\$51.75

\$71.51

\$51,75

\$6.92

\$58.67

1.3827

\$81.12

\$0,00

\$0,00

\$0.00

\$0,00

\$0.00

\$0.00

\$13,15

\$13,15

\$18.41

\$13,15

\$1.76

\$14,91

\$14.94

\$14,94

\$23.09

\$14.94

\$2,00

\$16.94

(with L&H)

\$0.00

\$0,00

FY 18 GL-PL Ins Rpt Days

Ln 7 / Ln 8 Col a

from 4 qtrs of FY12

Ln 9 / Ln 10

RS = Ln 11, AllOthr = Ln 9

per Peer Group Limits

Lesser of Ln 12 or Ln 13

Ln 14 x Grwth Allwric %

Ln 14 + Ln 15

per Current Qtr End

Ln 16 x Ln 17

Total Nursing Facility Days GL-PL Ins. Rpt

Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs

Base Period Facility Case Mix Index for All Residents

Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem

Net Per Diems after Case Mix Adjstmt to Routine Srvcs

Per Diem Standards (After Statewide CMA for Routine Srvcs)

Base Period Case Mix Adjusted Allowed Per Diem

CMA Allowed Per Diem (After Growth Allowance Add-on)

Quarterly Facility Case Mix Index for Medicaid Residents

Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem

Quarterly Per Diem Rate Prior to Add-ons

Growth Allowance Percentage =

9

10

11

12

13

14

15

16

17

18

As Filed Days = 33,533

13.37%

33,533

\$2.94

\$2.94

\$0,00

\$2.94

N/A

\$2.94

\$11.72

\$11.72

N/A

9.56

(FRV)

N/A

\$9.56

\$0.75

\$0.75

\$0.75

N/A

\$0.75

\$15.94

\$15.94

\$20.56

\$15.94

\$2.13

\$18,07

Provider:	Brian Center of Canton			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00140643A	Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance: Qtrly BIMS score	N/A 30.4%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,3878 1,4906	1.3617 1.4820
		lurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.49	3,0%	Ortrly Meaid CMI w RUG Wight Options:	1.5147	1.4569
Line	5		Sc	ources / Totals Routine	Special	Dietary	Laundry & Plant Admin A&G-GL-PL	Property and	Taxes and

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			а	<b>b</b>	С	d d	and entire		in in grade	g	ere i santa i	gyvá ryssa.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS									İ		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts									1		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,098	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 32,839	FY 18 GL-PL Ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$77.36	\$0,00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0,25	\$19.11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3878</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0,00	\$14.01	\$15.32		\$29.13	\$0,25	\$19.11	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Stross)	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 En 12 or En 13	\$119.51	\$55.74	\$0,00	\$14,01	\$15.32		\$20.56	\$0.25	12.39	\$1,24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$14.12	\$7.45	\$0.00	\$1.87	\$2.05	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133,63	\$63.19	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0,25	\$12.39	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>4</b> 1	1.5147		<b>V</b> 10.00	417.01	\$0.00	12.0.01	40,20	<b>U</b> 12.00	ψ1¬
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.15	\$95,71	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$1.24
	Constant See Store Add on America											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see 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	\$2.39	\$2.39	\$0.00	\$0,22	\$0,41	\$0,00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	₽ <b>2.0</b> 7					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5,79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.67	\$101.50	\$0.00	\$16,10	\$17.78	\$0.00	\$40,41	\$0.25	\$12.39	\$1.24
				7101.30	45.55	1 7,5,10	<b>4,,,,</b> ,	40.00	410.71	70.23	<b>J</b> 12.53	41.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.43									

Provide			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr II	); 00706813A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1,6087	1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	36.1%	2.5%	Quarterly Medicaid CMI:	1.6880	1,4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.74	3,0%	Ortrly Meaid CMI w RUG Wight Options:	1.7183	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
200			a	ь	С	d d	• • • • • • • • • • • • • • • • • • •		g	ijiya y <b>g</b> ilakuu	Maria de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya	ejata <b>t</b> uare
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,597,355	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,340)	(\$19,883)	\$0	\$0	(\$226)	(\$318)	(\$13,528)		(\$88,674)	\$88,289
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,563,015	\$3,365,708	\$0	\$533,518	\$186,404	\$261,632	\$891,301	\$4,493	\$231,670	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days								34,336		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71	\$0.13	\$6.68	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6087								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.34	\$0.00	\$15.39	\$12.92		\$25,71	\$0.13	\$6.68	\$2.55
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	\$122.80	\$60.34	\$0.00	\$15.39	\$12,92		\$20.56	\$0.13	10.91	\$2.55
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,61	\$8,07	\$0.00	\$2.06	\$1.73	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$137.41	\$68.41	\$0.00	\$17,45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	<b>\$137.11</b>	1.7183	40.00	<b>VIII.</b>	\$14.00	40.00	\$20.01	\$5.10	\$10.51	\$2.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = £n 16	<b>\$</b> 186.55	\$117.55	\$0.00	\$17.45	\$14.65	\$0.00	\$23.31	\$0.13	\$10.91	\$2,55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.94	\$2.94		. —		,			73.20	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,53	\$3,53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,73	\$7,00	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.28	\$124.55	\$0.00	\$17.67	\$15.06	\$0.00	\$40.41	\$0.13	\$10.91	\$2.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.64			<u> </u>	l		I			L

Providen Prvdr ID:	3	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BitMS score Nurse Hours per On-Site Day/Quality Incentive;	Facility Score N/A 27,0% 3,74	Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1,2636 1,5230 1,5519	State- wide 1.3617 1.4820 1.4569
Line #	Description	grander e ergendet, ti	urces / Totals Routine Services	Special Services	Dietary	Laundry & Plant Admin Operatns and Insurance & Maint General	e see 1 5 6 5 7 5 6 6 <b>and</b> ee state ee	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	<b>b</b> -1	С	d	е	2890 <b>1</b> 000	g	g	h	jergyja <b>i</b> sagur
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,813,583	\$4,506,439	\$0	\$1,057,822	\$586,219	\$718,825	\$885,109	\$94,658	\$964,511	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmls	(\$123,908)	(\$85,852)	\$0	\$53,721	(\$24,441)	(\$13,619)	\$19,202		(\$160,912)	\$87,993
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,689,675	\$4,420,587	\$0	\$1,111,543	\$561,778	\$705,206	\$904,311	\$94,658	\$803,599	\$87,993
8	Total Nursing Facility Days As Filed Days = 47,752	FY12 Audited C/R Days	47,752									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,147	FY 18 GL-PL Ins Rpt Days								46,147		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln. 7 / Ln. 8 Col a	\$182.04	\$92,57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18,94	\$2.05	\$16.83	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2636								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73.26	\$0,00	\$23.28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
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	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00	\$1.84
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.64	\$9,56	\$0.00	\$2.46	\$3,09	\$0,00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.48	\$81,07	\$0.00	\$20.87	\$26.18	\$0.00	\$21,47	\$2.05	\$19.00	\$1.84
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5519</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.22	\$125.81	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1.84
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$5,03	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.72	\$130.84	\$0.00	\$20,87	\$26.18	\$0.00	\$38.94	\$2.05	\$19,00	\$1.84
										·		•

\$166.97

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Į.	ovider: Brown Health and Rehab vdr ID: 00059562A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	wth Allowance: rly BIMS score	Facility Score N/A 28.8% 3.61	Add-on Percent 13.37% 1.0% 3.0%			i Overall CMI dedicald CMI		Facility <u>Specific</u> 1.3805 1.4288 1.4538	State- wide 1.4014 1.4569 1.4820
Line #	Description	Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ī			<u>a</u>	b	C	d	ее	f	g		h	i
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			:
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	so	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	so
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$615,487)	\$0	so	\$0	\$0	\$D	(\$615,487)	1 . }	(\$14,918)	1
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$5,771,454	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$774.814	\$137,630	\$429,884	\$14,918
8	Total Nursing Facility Days As Filed Days = 37,086	12/31/14 Audited C/R Days	37,086	ļ			,					1 .,
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 38,079	FY 18 GL-PL Ins Rpt Days								38,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$155,52	\$83.18	\$0.00	\$16.73	\$19.12	(with L&H)	\$20.89	\$3.61	\$11.59	\$0,40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3805								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	\$11.59	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$30,41	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.59	\$60,25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	17.59	\$0.40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.65	\$8.06	\$0.00	\$2.24	\$2.56	\$0.00	\$2.79	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.24	\$68,31	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3,61	\$17,59	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4538								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$99.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.24	\$99.31	\$0.00	\$18.97	\$21.68	\$0,00	\$23.68	\$3.61	\$17.59	\$0.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37	[	60.00	
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99	\$5.00	50.22	90.41	30.00	φυ,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				-		\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$4,50	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.84	\$103.81	\$0.00	\$19.19	\$22.09	\$0.00	\$41.15	\$3.61	\$17.59	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$143.06		L		1	L		ł		l

1	Provider: Brown's Healthcare Prodr ID: 00140434A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; Nrly BIMS score	Facility Score N/A 13.5% 2.78	Add-on Percent 13.37% 0.0% 2.0%		Quarterly.	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4535 1.5431 1.5701	State- wide 1.3617 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
22 55			និក ក្នុង <b>ន</b> ូនក្នុងក្រសួន	b b	C	d	ere ere 1989	25725 <b>f</b> . 1 1 1 1 1	g	g	estilië hesters	1:11
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$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	\$2,690,414	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$63,322	\$0	\$0	\$0	\$0	\$0	\$29,434		\$13,475	\$20,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,753,736	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$533,925	\$13,173	\$317,710	\$20,413
8	Total Nursing Facility Days As Filed Days = 22,287	FY12 Audited C/R Days	22,287									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days								21,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.59	\$56.91	\$0.00	\$12,13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4535</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15								
12	•	RS = Ln 11, AilOthr = Ln 9		\$39,15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13		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	\$99.16	\$39.15	\$0.00	\$12,13	\$14.79		\$20.56	\$0.62	10.99 (FRV)	\$0.92
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.58	\$5.23				•••				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.74	\$5.23 \$44.38	\$0.00 \$0.00	\$1.62 \$13.75	\$1.98 \$16.77	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$110.74	1.5701	30.00	\$13.75	\$10.77	\$0,00	\$23,31	\$0.62	\$10.99	\$0.92
18	Ortrly Routine Srvcs Case Mix Adjete (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOihr = Ln 16	\$136.04	\$69.68	\$0.00	\$13.75	\$16.77	\$0.00	\$23.31	\$0.62	\$10.99	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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)	En 19 Col b x CPS Add-en	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.39	\$1,39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.65	\$1,92	\$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	\$155.69	\$71.60	\$0.00	\$13.97	\$17.18	\$0.00	\$40.41	\$0.62	\$10.99	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.94									

Facility Add-on Facility State-Bryan County Health & Rehab Ctr Percent Add-on Data and Percentages Score Case Mix Index (CMI) Data Specific wide Prvdr ID: 00715569A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.3338 1,3617 Case Mix Per Diem Rate Effective Date; Qtrly BIMS score 4/1/2020 Quarterly Medicaid CMI; 54,8% 5.5% 1.6477 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.0% Ortrly Meald CMI w RUG Wight Options: 3.63 1,6796 1.4569

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	egrajar <b>b</b> - Ogya	C	chindran	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ingala forma	g	g	gagaragi <b>h</b> ga ga	#13a 1 3%.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts						A. C. C. C. C. C. C. C. C. C. C. C. C. C.					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,768,621	\$2,536,618	\$0	\$662,379	\$367,456	\$294,923	\$587,904	\$126,970	\$192,371	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$117,398)	\$7,257	\$0	\$0	\$0	\$0	(\$114,275)	•	(\$63,432)	\$53,052
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,651,223	\$2,543,875	\$0	\$662,379	\$367,456	\$294,923	\$473,629	\$126,970	\$128,939	\$53,052
8	Total Nursing Facility Days As Filed Days = 35,129	FY12 Audited C/R Days	35,129									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days								33,801		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$132,56	\$72.42	\$0.00	\$18.86	\$18.86	(with L&H)	\$13.48	\$3.76	\$3.67	\$1.51
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		1.3338								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$54.30	\$0.00	\$18.86	\$18.86		\$13,48	\$3.76	\$3.67	\$1,51
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$123,35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13,03	\$1,51
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$14.04	\$7.26	\$0,00	\$2,46	\$2.52	\$0,00	\$1.80	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.39	\$61.56	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3,76	\$13,03	\$1,51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6796								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.23	\$103,40	\$0.00	\$20.87	\$21.38	\$0.00	\$15.28	\$3.76	\$13,03	\$1,51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0,00	\$0,00	\$0.41	\$0.00	\$0.37		\$0,00	
21	8IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.69	\$5.69								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.17	\$8.29	\$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	\$205,40	\$111.69	\$0.00	\$20.87	\$21.79	\$0.00	\$32.75	\$3.76	\$13.03	\$1.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.23			1	ı	1		.1	1	

Provide Prvdr IE	dr ID: 00142601A Case Mix Per Diem Rate Effective Date: 4/1/2020		-	owth Allowance: ltrly BIMS score	33.3%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI Wght Options	:	Facility <u>Specific</u> 1.1714 1.5295 1.5572	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	, bigging	С	Hillian di Maria	in the entire to	15315.f2	g	g	Programa <b>h</b> do	<u> </u>
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe 3 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	e Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,112,453	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
1 1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,652)	(\$3,348)	\$0	(\$5,156)	(\$160)	(\$180)	(\$22,665)	)	(\$196,135)	\$17,992
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,902,801	\$1,705,867	\$0	\$368,762	\$203,098	\$228,865	\$333,452	\$29,270	\$15,495	\$17,992
8	Total Nursing Facility Days As Filed Days = 26,257	FY12 Audited C/R Days	26,257									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
1 1	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1714</u>								
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$55.46								
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12,70	\$1.15	\$0.59	\$0.69
	r 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	
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
1 1	rterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$13.20	\$7,42	\$0.00	\$1.88	\$2.20	\$0.00	\$1.70	N/A	N/A	N/A
	//A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.33	\$62.88	\$0.00	\$15.92	\$18,65	\$0.00	\$14.40		\$7.64	\$0.69
i i	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$121.00	1.5572	\$0.00	\$10.52	\$10.03	\$0,00	314.40	\$1.10	\$7.04	\$0.03
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.92								
	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.37	\$97.92	\$0.00	\$15.92	\$18,65	\$0.00	\$14.40	\$1.15	\$7.64	\$0.69
Qua	rterly Per Diem Add-on Amounts											
1 1	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
1 1	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22 Nu	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.94	\$2.94								
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.02	\$5.92	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quai	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.39	\$103.84	\$0.00	\$16.14	\$19.06	\$0.00	\$31.87	\$1.15	\$7.64	\$0.69
26 Quai	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$122,47									

#### Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Budd Terrace At Wesley Woods Prvdr ID: 003167547A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurse Ho		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 26.9% 7.93	Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data riod Overall CMI; ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.1971 1.2141	State- wide 1,3617 1,4347 1,4593
Line Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		a	b	c	<u>d</u>	e	<u> </u>	g	<u> </u>	h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$158.96 \$16.07 \$155.22	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$8.60 \$72.96 1.2141 \$88.59	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$2.22 \$18.79	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$2.78 \$23.56	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$2.47 \$20.97		\$36,36 \$36,36 13,94 (FRV Rate)	\$2,40
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$170.84 \$0.89 \$2.66	\$88.59 \$0,89 \$2.66		\$18.79	\$23.56		\$20.97	\$2.60	\$13.94	\$2.40
Nursing Home Provider Fee		\$17.10			1			17.1			
Total Quarterly Per Diem Add-On Amounts  Quarterly Case Mix Based Per Diem Rate		\$20.64	***		410 ==						
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$130.79	\$191.49	\$92.13		\$18.79	\$23.56		\$38.07	\$2,60	\$13.94	\$2.40

i	rovider: Calhoun Health Care Center		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((		•	Facility Specific	State- wide
Þ	rvdr ID: 00140577A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		owth Allowance; Otrly BIMS score Quality Incentive:	26.5%	13.37% 1.0% 3.0%	Qrtrly Meald		d Overall CMI Medicaid CMI Wght Options	:	1.3183 1.4817 1.5082	1,3617 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
			49440 <b>a</b> 49440	alifalia <b>b</b> assaul	C	<b>d</b>		1	g	g	::::::::::::::::::::::::::::::::::::::	sert. Igag
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	Manada da 0.0% 105.0% \$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	\$4,448,586	\$2,214,000	\$0	\$504,885	\$287,774	\$342,274	\$718,410	\$109,590	\$271,653	s
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$175,369)	(\$308)	\$0	\$2,259	\$0	(\$7,447)	(\$171,454)		(\$18,195)	\$19.7
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,273,217	\$2,213,692	\$0	\$507,144	\$287,774	\$334,827	\$546,956	\$109,590	\$253,458	\$19,7
8	Total Nursing Facility Days As Filed Days = 34,715	FY12 Audited C/R Days	34,715									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123,67	\$63.77	\$0,00	\$14.61	\$17.93	(with L&H)	\$15.76	\$3.73	\$7.30	\$0.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3183								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3,73	\$7,30	\$0.
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	\$108.41	\$48,37	\$0,00	\$14.61	\$17.93		\$15.76	\$3.73	7.44	\$0.5
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.93	\$6.47	\$0.00	\$1.95	\$2.40	\$0,00	\$2,11	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.34	\$54.84	\$0,00	\$16,56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$0.
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5082								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x l,n 17		\$82.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.21	\$82,71	\$0,00	\$16,56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$0.
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stycs)	Ln 19 Coi b x Sting Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.94	\$3.84	\$0.00	\$0,22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.15	\$86.55	\$0.00	\$16.78	\$20.74	\$0.00	\$35.34	\$3,73	\$7. <del>44</del>	\$0.
					t	1		L	I	1	L	1

\$115.54

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

4	ovider: Calhoun Nursing Home vdr ID: 00140478A  Case Mix Per Diem Rate Effective Date:	4/1/2020		Percentages owth Allowance:		Add-on Percent 13.37% 5,5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1,2873 1,6896	State- wide 1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q	•	4.20	3.0%	Ortrly Mcaid		Wght Options:		1.7219	1.4569
Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.00			Ottogra ejegen	om te do de me	С	d.	е	riagen <b>f</b> acility	g	g		i
C <sub>i</sub>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$2,577,908	\$992,232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,547,506	\$1,163,991	\$0	\$397,998	\$236,026	\$164,234	\$451,954	\$90,750	\$34,352	\$8,201
8	Total Nursing Facility Days As Filed Days = 17,931	FY12 Audited C/R Days	17,931									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,632	FY 18 GL-PL ins Rpt Days		**						21,632		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$141.23	\$64,92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4,20	\$1,92	\$0.46
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.2873 \$50.43								
12	Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.43 \$50.43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
13	Per Diem Standards (After Statewide CMA for Routine Stros)	per Peer Group Limits		\$71.51	\$0.00	\$22.20	\$23.09		\$20.56	\$9.20	\$1,92 N/A	\$0,40
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132,07	\$50,43	\$0.00	\$22.20	\$22.32		\$20,56	\$4.20	11,90	\$0,46
	·			<b>V</b>	40.00	74.4.12			425.55	420	(FRV)	<b>45</b> ,45
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$15,44	\$6.74	\$0,00	\$2,97	\$2.98	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$13,44	\$57.17	\$0.00	\$25.17	\$25.30	\$0.00	\$2.73	\$4.20	\$11.90	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	0147.51	1,7219	\$6.00	Ψ25,11	\$25.00	<b>40.00</b>	\$20,01	\$4.20	\$11.50	\$0.40
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$98,44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.78	\$98.44	\$0.00	\$25,17	\$25,30	\$0.00	\$23.31	\$4.20	\$11.90	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0,22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem ≈ 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.41	\$5.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.62	\$8.89	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.40	\$107.33	\$0.00	\$25,39	\$25.71	\$0.00	\$40.41	\$4.20	\$11.90	\$0,46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.73					·				

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

	Provider: Camellia Gardens of Life Care Prvdr ID: 00366341A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Qtrly BIMS score	40.4%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1,3243 1,1924 1,2067	State- wide 1.3617 1.4820 1.4569
Line #		Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				ь	C	2455 <b>d</b> 1445	<b>.</b>	f	g	4000 g	April (12) <b>h</b>	11
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rot	\$3,880,021	\$2,006,148	\$0	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)		(\$19,001)	\$29,741
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,872,792	\$2,006,148	\$0	\$466,726	\$216,878	\$241,385	\$686,163	\$63,529	\$162,222	\$29,741
8	Total Nursing Facility Days As Filed Days = 27,555	FY12 Audited C/R Days	27,555									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,513	FY 18 GL-PL ins Rpl Days								27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.56	\$72.81	\$0,00	\$16,94	\$16.63	(with L&H)	\$24,90	\$2,31	\$5.89	\$1.08
10		from 4 qtrs of FY12		1.3243								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54,98	\$0.00	\$16.94	\$16.63		\$24.90	\$2.31	\$5.89	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Sives)	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 l,n 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09	\$1.08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	Ln 14 x Grwth Allwnc %	\$14.58	\$7.35	\$0.00	\$2.26	\$2.22	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15	\$135.17	\$62.33	\$0.00	\$19,20	\$18.85	\$0.00	\$23.31	\$2,31	\$8.09	\$1.08
17		per Current Qtr End		1,2067			, , , , ,			1		2
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.05	\$75,21	\$0.00	\$19.20	\$18.85	\$0.00	\$23.31	\$2.31	\$8,09	\$1,08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$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	\$1,88	\$1,88		1	*****		1		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			:
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.67	\$0,00	\$0.22	\$0.41	\$0.00	\$17,10	\$0,00	\$0.00	\$0.00
			<b>1</b>						<b>-</b>			

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$170.45

\$115.01

\$79.88

\$0.00

\$19.42

\$19.26

\$0.00

\$40.41

\$2.31

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0,75

\$8.09

\$1.08

State-

Facility

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

Facility

Add-on

Pro	vider: Camellia Hith & Rehab	_	Add-on Data and	Percentages	Score	Percent	Cas	e Mix Index (C	CMI) Data		Specific	wide_
Prvc	dr ID: 00140588A Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance:	N/A	13,37%			d Overall CMI:		1.3516	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/Q	Itrly BIMS score luality Incentive;	41.4% 3.47	2,5% 3,0%	Qrlrly Mcaid	Quarteny i I CMI w RUG !	Medicaid CMI: Wght Options:		1.4377 1.4622	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
			6 a	b	C	i de e	е	39499 <b>1</b> (44)	g	g	name of <b>h</b> allows	grade i pril
CA	SE MIX BASED RATE CALCULATIONS											
1 1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0,37			
f	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 Rp	1 \$3,026,940	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	\$0	(\$33,919)		(\$16,377)	\$18,194
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0	\$343,191	\$167,289	\$228,586	\$402,375	\$100,435	\$140,519	\$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-PL Ins Rpt Days								23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.57	\$71.77	\$0.00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6,33	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3516</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6,33	\$0.82
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	\$118.19	\$53.10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	8.62	\$0.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.98	\$7.10	\$0.00	\$2.07	\$2.39	\$0.00	\$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.17	\$60.20	\$0.00	\$17.54	\$20,23	\$0,00	\$20.55	\$4.21	\$8.62	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		<u>1.4622</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.99	\$88.02	\$0.00	\$17.54	\$20,23	\$0,00	\$20,55	\$4.21	\$8.62	\$0.82
(	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$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	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0,41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.46	\$93,39	\$0.00	\$17.76	\$20.64	\$0.00	\$38.02	\$4.21	\$8.62	\$0.82
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.77									

Provider:	Candler Hospital Sub-Acute Unit		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00870911A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	2.3318	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	0.0%	0.0%	Quarterly Medicaid CMI;	1.4569	1,4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	24.42	0.0%	Ortrly Meaid CMI w RUG Wght Options:	1.4820	1,4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.77.			Signie <b>a</b> restori	<b>b</b>	· · · · ·	1001.0 <b>0</b> 000000	jirilan elimine	gradificação	g	g	grangara <b>h</b> iga giga	(16):1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facilly wilthin Peer Group Bed Size Range wilthin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85 <u>.</u> 0% 100.0% \$0.41		50,0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	P4 470 540	ecao n.44	**	605.000	657 700	005.040	4450 070	m7 400	0051 440	
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY12 C/R Audit Adistmts	\$1,470,516	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$10,246) \$1,460,270	\$0 \$639.844	\$0 \$0	\$0 \$65,806	\$0 \$57,730	\$95,218	(\$10,246) \$342,733	\$7,493	(\$5,552) \$245,894	\$5,552 \$5,552
8	Total Nursing Facility Days As Filed Days = 3,234	FY12 Audited C/R Days	3,234	\$033,044	40	\$03,800	\$37,730	\$95,210	\$342,733	37,483	\$240,094	\$0,002
Ŭ	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days	0,2,04							2,890		
9	Net Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0,00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2,59	\$76,03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	Ψ-101.01	2.3318	\$0.00	\$20.00	<b>4-7.23</b>	(Million Editin)	<b>\$103.30</b>	\$2.33	\$10.00	41.12
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84,85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$84.85	\$0.00	\$20.35	\$47,29		\$105.98	\$2.59	\$76.03	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Stross)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	T
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$163,24	\$71,51	\$0.00	\$20.35	\$23.09		\$20.56	\$2.59	23.42	\$1.72
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$18.12	\$9.56	\$0.00	\$2.72	\$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	\$181.36	\$81.07	\$0.00	\$23.07	\$26,18	\$0.00	\$2.73	\$2,59	\$23,42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	<b>\$101.00</b>	1.4820	\$0,00	<b>\$20.07</b>	\$20,10	\$0,00	<b>\$20.01</b>	\$2.00	\$20.42	91.12
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$220.44	\$120.15	\$0.00	\$23.07	\$26.18	\$0.00	\$23.31	\$2.59	\$23.42	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	72.00	1	13,00	12.00	72.00		\$3,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0,00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.76	\$120.15	\$0.00	\$23,29	\$26.18	\$0.00	\$40.41	\$2.59	\$23.42	\$1.72

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$165.50

(Ln 25 - Ln 23) \* 0.75

1	rovider: Canton Nursing Center, Inc.		Add-on Data and	l Percentages	Facility Score	Add-on Percent 13.37%	Ca:	se Mix Index ((	CMI) Data d Overali CMI:	*	Facility Specific 1.3680	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		Qtrly BIMS score	53.6%	5,5% 3.0%	Ortrly Meaid	Quarterly	d Overall CMI: Medicald CMI: Wght Options:		1.2141 1,2298	1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	general <b>b</b> iggregate	ili i i ja Caragaga	्र <b>ाण व</b> िल्ल	njastija na <b>e</b> miji litili ja	(5,4 <b>f</b> (55)	g	ġ	nagrada <b>h</b> a 1976	greede.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	Adamata da da da da da da da da da da da da da	50,0% 105,0% \$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	\$5,071,886	\$2,528,059	\$0	\$591,650	\$372,707	\$417,020	\$912,388	\$101,926	\$148,136	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$201,297)	\$0	\$0	\$0	\$0	\$15,281	(\$216,578)		(\$36,799)	\$36,799
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R FY12 Audited C/R Days	\$4,870,589	\$2,528,059	\$0	\$591,650	\$372,707	\$432,301	\$695,810	\$101,926	\$111,337	\$36,799
8	Total Nursing Facility Days As Filed Days = 33,792  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days	33,792							00.504		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	En 7/En 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20,59	30,521 \$3,34	\$3,29	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$144.45	1.3680	\$0.00	\$17.51	\$23.62	(MILL FOLK	\$20,59	\$3,34	\$3.29	ອາເບຣ
11	Routine Srycs Case Mix Adjistd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68								
12	Net Per Diems after Case Mix Adjstrnt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$54.68	\$0.00	\$17,51	\$23,82		\$20,59	\$3,34	\$3.29	\$1.09
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	Ψ1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.83	\$54.68	\$0,00	\$17.51	\$23.09		\$20.56	\$3.34	10.56	\$1.09
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons   Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.49	\$7.31	\$0.00	\$2.34	\$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	\$146.32	\$61.99	\$0.00	\$2.54	\$26.18	\$0.00	\$23.31	\$3.34	\$10.56	\$1.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140,02	1,2298	\$0,00	\$13.00	\$20.10	\$5.00	\$20.01	\$0.04	\$10.50	\$1.03
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ኒი 16 x ኒ.n 17		\$76.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.57	\$76.24	\$0,00	\$19.85	\$26,18	\$0.00	\$23.31	\$3.34	\$10.56	\$1.09
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0,75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.19	\$4.19	<b>Ģ</b> С.00	<b>₽</b> U.∠∠	30,00	\$0.00	30.00		\$U.UU	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Stres)	Ln 19 Col b x Sting Add-on	\$2.29	\$2.29							:	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	12.22					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$7.01	\$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	\$184.90	\$83,25	\$0.00	\$20.07	\$26.18	\$0.00	\$40.41	\$3.34	\$10.56	\$1.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.85		1			÷	2			

1	rovider: Carrollton Manor, Inc. rvdr ID: 00140852A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Hrly BIMS score	42.3%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	Facility Specific 1.3067 1.4315 1.4561	State- wide 1.3617 1.4820 1.4569
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d in the	gjajgaj <b>a</b> aglasis.	f	g	g	h	great <b>i</b> thwy
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90,0% 100,0% \$0,22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,595,654	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	\$0
6 7 8	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	(\$139,226) \$4,456,428	(\$6,955) \$2,326,179	\$0 \$0	\$0 \$598,067	\$949 \$318,471	\$620 \$208,010	(\$120,974) \$616,229	\$122,627	(\$49,231) \$230,480	\$36,365 \$36,365
8	Total Nursing Facility Days As Filed Days = 35,484  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days	35,484							34,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$125.74	\$65.56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37	\$3.60	\$6.50	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3067</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	\$6.50	\$1.02
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	\$114.90	\$50.17	\$0.00	\$16.85	\$14.84		\$17.37	\$3.60	11.05 (FRV)	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwnc %	\$13.26	\$6.71	\$0.00	1	\$1.98	\$0.00	\$2,32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.16	\$56.88	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4561								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$154.10	\$82.82 \$82.82	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$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)	En 19 Cal b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,36	\$4.26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176,46	\$87.08	\$0.00	\$19,32	\$17.23	\$0.00	\$37.16	\$3.60	\$11.05	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Lл 25 - Ln 23) * 0.75	\$119.52					• • • • • • • • • • • • • • • • • • • •		•		

Provi	•		Add-on Data and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Case Mix Index (CMI) Data  Base Period Overall CMI:	Facility Specific	State- wide	
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Qtriy BIMS score Nurse Hours per On-Site Day/Quality Incentive:	36.8% 3.28	2.5% 3.0%	Quarterly Medicaid CMI:  Qranterly Medicaid CMI:  Qranterly Medicaid CMI w RUG Wght Options:	1,3832 1,4840 1,5085	1.4014 1.4569 1.4820	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General g	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS	The second section of the second seco							9			i :
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts				ĺ							
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,865,790	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$14,319	\$500,924	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530)		(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,840,773	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$14,319	\$474,604	\$15,478
8	Total Nursing Facility Days As Filed Days = 21,792	FY14 Audited C/R Days	21,792									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 40,303	FY 18 GL-PL Ins Rpt Days								40,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	in7/in8Cola	\$175.96	\$96.77	\$0,00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.36	\$21.78	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.36	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Strucs)	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	\$133,45	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0,36	8.00	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,4%	Ln 14 x Grwth Allwnc %	\$16.62	\$9,35	80,00	\$2.12	\$1.94	\$0.00	62.04			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.07	\$79.31	\$0.00	\$17.98	\$1.94 \$16.48	\$0.00	\$3.21 \$27.23	N/A \$0.36	N/A \$8.00	N/A S0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0 (50.0)	1.5085	\$0.00	317.50	\$10,46	30.00	\$21,25	30.36	\$8.00	\$0.71
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOlhr = Ln 16	\$190.40	\$119.64	\$0.00	\$17,98	\$16.48	\$0.00	\$27.23	\$0,36	\$8.00	\$0,71
	•		4.000	V.1.5.01	40.00	\$17,55	010.40	\$0.00	927.23	\$0.30	30.00	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$2.99	\$2.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.59	\$3.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	-					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,84	\$7.11	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.24	\$126,75	\$0.00	\$18.20	\$16.89	\$0.00	\$44.33	\$0,36	\$8.00	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.61						•			

1	ovider: Cartersville Heights Care and Rehab  vdr ID: 00143085A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020	-	owth Allowance; ltdy BIMS score	28.4%	Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5517 1.4416 1.4650	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			: <b>a</b> (100)	b	40000 <b>0</b> 00000	100/6* <b>d</b> (00/0)	, Propos <b>e</b> (Babilia)	Selection for a Selection	(ii)	of dig to the	Asiranji <b>h</b> a god	Mark to an
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$5,797,818	\$2,723,918	\$0	\$556,988	\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$446,219)	(\$167,884)	\$0	(\$8,600)	\$21,477	(\$43,246)	(\$248,121)		(\$29,349)	\$29,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,351,599	\$2,556,034	\$0	\$548,388	\$222,905	\$306,041	\$944,153	\$89,044	\$655,530	\$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days								41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13.49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5517</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$40.51	\$0.00	\$13.49	\$13.01		\$23,22	\$2.13	\$16.12	\$0.73
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	\$102.68	\$40.51	\$0.00	\$13.49	\$13.01		\$20,56	\$2.13	12.25 (FRV)	\$0.73
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11,71	\$5,42	\$0.00	\$1.80	\$1.74	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.39	\$45.93	\$0.00	\$1.00	\$1.74	\$0.00	\$23.31	\$2.13	\$12.25	\$0,73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End		1.4650	\$5,00	1,0.2.0	ψ1-4.1 U	<b>\$0,00</b>	¥20.01	Ψ <u>2</u> .10	<b>\$12.20</b>	<b>40.70</b>
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 16	\$135,75	\$67,29	\$0.00	\$15.29	\$14.75	\$0.00	\$23.31	\$2.13	\$12.25	\$0,73
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.67	\$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.95	\$3.22	\$0,00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$156,70	\$70,51	\$0.00	\$15.51	\$15.16	\$0.00	\$40.41	\$2.13	\$12.25	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$104.70									

1	rovider. Cedar Springs Health and Rehab Center rvdr ID: 00140544A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: htrly BIMS score	Facility Score N/A 23,2% 3,41	Add-on <u>Percent</u> 13.37% 1,0% 3,0%	-	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5659 1.6465 1,6784	State- wide 1,3617 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
			19:48:3 <b>3</b>	gjegos <b>b</b> Vegskij	C	d	е	distriction of	Sast g A (fil	g	191 - 161 <b>h</b> Wiley (1976)	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,111,747	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$57,612)	(\$6,757)	\$0	\$0	(\$1,390)	(\$7,287)	(\$49,254)		(\$15,507)	\$22,583
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,054,135	\$2,330,417	\$0	\$455,786	\$314,728	\$287,902	\$497,691	\$136,420	\$8,608	\$22,583
8	Total Nursing Facility Days As Filed Days = 32,082	FY12 Audited C/R Days	32,082									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,152	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	2107770	****	***	244.04	440.70		045.54	24,152		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$127.76	\$72.64 1.5659	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5.65	\$0.27	\$0.70
11	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46,39	\$0.00	\$14.21	\$18.78		\$15,51	\$5.65	\$0.27	\$0.70
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	\$8.10
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17	\$0.70
	,		4100.11	* 10.00	44.44	7,	* 111.1				(FRV)	*****
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	642.50	<b>ድ</b> ድ	\$0.00	\$1,90	60.64	\$0.00	60.07	N/A	MITA	3174
16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.68 \$122.09	\$6.20 \$52.59	\$0.00	\$1,90	\$2.51 \$21.29	\$0.00	\$2.07 \$17.58	\$5.65	N/A \$8.17	N/A \$0,70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$122.09	1.6784	\$0.00	\$10.11	\$21.25	\$0.00	317,36	\$3.03	\$0.17	30,70
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.27								
19	Quarterly Medicaid CMA Allowed Per Diern	RS = Ln 18, AllOthr = Ln 16	\$157.77	\$88.27	\$0.00	\$16.11	\$21.29	\$0.00	\$17.58	\$5.65	\$8.17	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (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	\$22.16	\$4.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.93	\$92.33	\$0.00	\$16.33	\$21.70	\$0.00	\$35.05	\$5.65	\$8.17	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.12			· · · · · · · · · · · · · · · · · · ·	· · · · · ·					

Provider: Prvdr ID:	Cedar Valley Nursing and Rehab Center		Add-on Data and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Case Mix Index (CMI) Data  Base Period Overall CMI:	Facility Specific	State- wide	
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2020</b> 12/31/19	Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	37.3% 3.45	2.5% 3.0%	Quarterly Medicaid CMI: Qurrely Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	1.4235 1.6550 1.6857	1.4014 1.4569 1.4820	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ACT MAY DAOGD DATE ON OUR ATOM	AND AND AND AND AND AND AND AND AND AND	a	<u>і</u> ь	CC	d	е	<u> </u>	9	·	h	<u>i</u>
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$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	\$2,218,532	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$9,005	\$299,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$16,961	so	\$0	\$0	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,235,493	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$9,005	\$288,468	\$14,477
8	Total Nursing Facility Days As Filed Days = 13,755	FY14 Audited C/R Days	13,755									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Łn 7 / Ln 8 Cola	\$162.18	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30,28	\$0.31	\$20.97	\$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY10		1.4235								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = Ln 9		\$55.30	\$0.00	\$14.32	\$16.53		\$30,28	\$0.31	\$20.97	\$1.05
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	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	\$120.69	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.31	9.16	\$1.05
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwine %	\$14.72	\$7.39	\$0.00	\$1.91	\$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	\$135,41	\$62.69	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.31	\$9.16	\$1.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100,11	1.6857	40.00	\$10.20	010.74	40.00	Q21.20	30.31	49.10	31,03
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.68						1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.40	\$105.68	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0,31	\$9.16	\$1.05
	Quarterly Per Diem Add-on Amounts			, m								
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	\$2.64	\$2.64	\$5.00	44.22	\$5,41	00.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Srycs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17				[				
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$6.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.47	\$112.02	\$0.00	\$16.45	\$19.15	\$0.00	\$44.33	\$0.31	\$9.16	\$1.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.03			I		1	1	1		
20	addition to Dient Mate for Dea Hold and Leave Days	(Li) 20 - Li) 20) 0.10	\$135.03	1								

State-

Facility

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

Facility

Add-on

1	00059694A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance:	N/A	40.0701						
#   CASE M   1   Cost C   Peer G   2   Peer 3   Peer 4   Efficit	12/31/19 Nurse Hours	per On-Site Day/Q	Itrly BIMS score luality Incentive:	30.0%	13.37% 2.5% 2.0%	Qrlrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1,3992 1,2356 1,2534	1.3617 1.4820 1.4569	
1	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1			a	Highlight by the	C C	giring district		nese <b>f</b> ellin	g	interegrende.	<u>:::/:::::::::::::::::::::::::::::::::</u>	along <b>t</b> agan
Peer G Peer 3 Peer Base P As Fi Audit Cost To Net P Net P	MIX BASED RATE CALCULATIONS											
2	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
5 As Fi 6 Audit 7 Cost 8 To To 9 Net F 10 Ba	Group Standards & Efficiency Measure Limits r Group Standards: Percentile r Group Standards: Multiplier lency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
6 Audit 7 Cost 8 To To 9 Net P	Period Per Diem Allowed Amounts											
7 Cost 8 To To 9 Net P	iled Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,389,830	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
8 To To 9 Net F 10 Ba	t Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
To 9 Net P 10 Ba	Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,371,424	\$2,274,044	\$0	\$394,152	\$242,480	\$328,747	\$552,273	\$95,889	\$460,785	\$23,054
9 Net P 10 Ba	otal Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
10 Ba	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpl Days								33,415		
	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.36	\$81.11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
44 0-	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
11 Ro	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12 Net P	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2,87	\$16.43	\$0.82
13 Per 0	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	e Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14,06	\$20,37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
Quarte	erly Per Diem Rate Prior to Add-ons										(LVA)	
15 Grow	vth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$14.98	\$7.75	\$0.00	\$1.88	\$2,72	\$0.00	\$2,63	N/A	N/A	N/A
16 CMA	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$65.72	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2,87	\$10.43	\$0.82
17 Qu	uarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2534								
18 Qri	ndy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.37								
19 Quari	terly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.85	\$82.37	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2.87	\$10,43	\$0,82
Quarte	erly Per Diem Add-on Amounts											
20 Efficie	ency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21 BIMS	S Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,06	\$2.06								
22 Nurse	e Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.65	\$1.65								
23 Nursi	ing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.34	\$4.24	\$0.00	\$0.22	\$0,41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$180.19

\$122.32

\$86.61

\$0.00

\$16.16

\$23.50

\$0.00

\$39.80

\$2.87

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$10,43

\$0.82

1	ovider: Chatsworth Health Care Center vdr ID: 00209778A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020		owth Allowance: Itrly BIMS score		Add-on Percent 13,37% 5,5% 3.0%	-		d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2919 1.6428 1.6747	State- wide 1.3617 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
			а	b	300 <b>C</b>	d e	e	<b>1</b>	g	g	aga ing talah salah s	- (8: <b>1</b> 26)
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	Adda politika in da da da da da da da da da da da da da	50,0% 105.0% \$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 Rpl	\$4,842,312	\$2,481,858	\$0	\$519,904	\$333,861	\$326,302	\$829,145	\$131,033	\$220,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,818)	(\$5,597)	\$0	\$0	\$0	\$0	(\$197,221)		(\$51,788)	\$51,788
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,639,494	\$2,476,261	\$0	\$519,904	\$333,861	\$326,302	\$631,924	\$131,033	\$168,421	\$51,788
8	Total Nursing Facility Days As Filed Days = 34,749	FY12 Audited C/R Days	34,749						·			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,941	FY 18 GL-PL Ins Rpt Days								39,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$133.03	\$71.26	\$0.00	\$14.96	\$19.00	(with L&H)	\$18.19	\$3.28	\$4.85	\$1.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2919								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$55.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	\$4,85	\$1,49
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 En 13	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18,19	\$3.28	8,66	\$1,49
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.34	\$7.37	\$0.00	\$2.00	\$2.54	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowartce Percentage – 13.37 %  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$14.34	\$62,53	\$0.00	\$2.00	\$2.54 \$21.54	\$0.00	\$2.43	\$3.28	N/A \$8.66	N/A \$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	\$133.08	1,6747	30,00	\$10,50	\$41.54	-\$U,UU	\$20,02	33.28	20.00	<b>\$1.49</b>
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	£л 16 х Ln 17		\$104.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.27	\$104.72	\$0.00	\$16.96	\$21.54	\$0.00	\$20,62	\$3.28	\$8,66	\$1.49
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.53	\$0.53	\$0.00	60.00	ec 44	\$0.00	60.07		60.00	
20	Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Maridar)  Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	En 19 Col b x Strng Add-on	\$3.14	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	φυ, 14					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.53	\$9.43	\$0.00	\$0.22	\$0,41	\$0.00	\$17,10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + En 24	\$204.80	\$114.15	\$0.00	\$17.18	\$21.95	\$0.00	\$38.09	\$3,28	\$8.66	\$1,49
1	action, case and of broth rate		22.04.00	71.1-1.13	20.00	410	Ş£ (,33	1 20.00	\$30,05	90.20	20.00	21.43

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.78

(Ln 25 - Ln 23) \* 0,75

1	rovider: Chatuge Regional Nursing Home rvdr ID: 00143338A Case Mix Per Diem Rate Effective Date			Percentages owth Allowance: htdy BIMS score		Add-on Percent 13,37% 2,5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.2895 1.5241	State- wide 1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending		per On-Site Day/O			2,0%	Ortrly Mcaid		Wght Options:		1.5529	1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				50000 <b>b</b> (2000)	C	<b>d</b> .:	е	1979, 9 <b>1</b> 1997 (19	g	g	<b>h</b>	<u> </u>
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90,0% 100.0%	85.0% 100.0%	***************************************	50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,466,869	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$103,659)	(\$32,041)	1	\$4,510	\$0	\$1,581	(\$77,709)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,363,210	\$3,451,230	\$0	\$1,092,518	\$466,107	\$463,834	\$593,998	\$82,094	\$213,429	\$0
8	Total Nursing Facility Days As Filed Days = 40,036	FY12 Audited C/R Days	40,036									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599  Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	FY 18 GL-PL Ins Rpt Days £n 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84	39,599 \$2,07	\$5.33	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$150.90	1.2895	\$0.00	\$21.29	\$23.23	(with Lan)	\$14,84	\$2,01	\$5.33	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66,85	\$0,00	\$27.29	\$23.23		\$14.84	\$2.07	\$5,33	\$0.00
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	44,11
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.27	\$66,85	\$0.00	\$27.29	\$23.09		\$14.84	\$2.07	10.13 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing % Ln 14 + Ln 15	\$17.66	\$8.94	\$0.00	\$3.65	\$3.09	\$0.00	\$1.98	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$161.93	\$75,79	\$0,00	\$30,94	\$26.18	\$0.00	\$16.82	\$2.07	\$10,13	\$0.00
18	Quarterly Facility Case Mix Index for Medicald Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5529</u> \$117.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.83	\$117.69 \$117.69	\$0.00	\$30.94	\$26.18	\$0.00	\$16,82	\$2,07	\$10,13	\$0,00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0,53	\$0,00	\$0.22	\$0.00	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.94	\$2.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Coi b x Sting Add-on	\$2.35	\$2.35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.51	\$5.82	\$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	\$227.34	\$123.51	\$0,00	\$31,16	\$26.18	\$0.00	\$34.29	\$2.07	\$10.13	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$157.68									

## Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Chelsey Park H&R Prvdr ID: 003165720A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 20.5% 4.24	Add-on Percent 13,37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI ly Medicaid CMI G Wght Options:	:	Facility Specific Use Stwd 1.4876 1.5128	State- wide 1,3617 1,4347 1,4593
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		a /	<u>b</u>	<u> </u>	d	е	f f	9		h	<u> </u>
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$168.47 \$16.97 \$188.42	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.5128	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$37.5 \$37.5 \$37.58 (FRV Rate)	8 \$4.0
Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$227.91 \$1.17	\$116.50 \$116.50 \$1.17		\$19.83	\$24.87		\$22.14	\$2.98	\$37.58	\$4.00
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$3.50 \$17,10 \$21,76	\$3.50					17.10			
Quarterly Case Mix Based Per Diem Rate		\$249.67	\$121.16		\$19.83	\$24.87		\$39.24	\$2.98	\$37.58	\$4.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$174.43	1									

Prov			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (I	CMI) Data		Facility Specific 1,2276	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19 Nurse Hours po	C	Otrly BIMS score Quality Incentive:	24.6%	1.0%	Ortrly Meals	Quarterly	Medicaid CMI: Wght Options:		1.7450 1.7782	1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CAS	SE MIX BASED RATE CALCULATIONS			(100 m) (100 m) (100 m)	C	gyangi <b>d</b> ,	· e	<u>699-6<b>f</b>468,6</u>	g	g	<u>                                    </u>	garaw <b>i</b> oga
	The second secon											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manuai) (see Policy Manuai) (see Policy Manuai)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	ase 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	\$3,545,801	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
- 1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
i	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,531,302	\$1,920,138	\$0	\$354,700	\$202,257	\$189,822	\$470,906	\$78,889	\$284,909	\$29,681
8	Total Nursing Facility Days As Filed Days = 24,945	FY12 Audited C/R Days	24,945									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,659	FY 18 GL-PL Ins Rpt Days								25,659		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.47	\$76.97	\$0.00	\$14.22	\$15.72	(with L&H)	\$18,88	\$3.07	\$11.42	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,2276</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.70								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14,22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19
	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 En 12 or En 13	\$125,97	\$62,70	\$0,00	\$14.22	\$15,72		\$18.88	\$3.07	10.19	\$1.19
0	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
1	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$14.90	\$8.38	\$0.00	\$1,90	\$2.10	\$0.00	\$2,52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140,87	\$71,08	\$0.00	\$16,12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1,19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7782							·	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$126,39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$196,18	\$126,39	\$0,00	\$16.12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1.19
Q	uarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.79	\$3.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.86	\$131.97	\$0.00	\$16.34	\$18.23	\$0.00	\$38,87	\$3,07	\$10.19	\$1.19

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.07

(Ln 25 - Ln 23) \* 0.75

Provider: Chestnut Ridge Nursing & Rehabilitation Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- vide	-
Prvdr ID: 00228049A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5075	1.4014	ì
Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BiMS score	15.4%	0.0%	Quarterly Medicaid CMI:	1,6075	1.4569	Ì
MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.41	2.0%	Ortrly Meaid CMI w RUG Wight Options:	1.6355	1.4820	į
								ļ

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS	THE RESERVE THE PROPERTY OF TH		1		1		<u> </u>	9	Ì	h	i
1												
	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37	ANTE DE ANTE ANTE ANTE ANTE ANTE ANTE ANTE ANT		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,944,910	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$13,508	\$446,780	so so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$6,405)	(\$16,418)	\$0	so.	\$3,624	\$89	(\$7,428)	1 1	\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audiled C/R	\$3,938,505	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$13,508	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050							1 1		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,010	FY 18 GL-PL Ins Rpt Days								45,010		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coia	\$163,50	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.30	\$18.60	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5075								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.91	\$0.00	\$13.70	\$13.51		\$26.53	\$0.30	\$18,60	\$0.54
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	\$119.36	\$59.91	\$0.00	\$13,70	\$13.51		\$24.02	\$0,30	7.38	\$0.54
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwec %	\$14.86	\$8,01	\$0,00	\$1,83	\$1.81	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$134.22	\$67.92	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.30	\$7.38	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6355				,			****	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111,08								E
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.38	\$111.08	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.30	\$7.38	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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							40.00	
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	\$20.48	\$2.75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.86	\$113,83	\$0.00	\$15.75	\$15.73	\$0.00	\$44.33	\$0.30	\$7.38	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.57		L	L	l	L	!	I		1
i	The state of the s	,	¥100.01	1								

1	rider: Christian City Convalescent Center, Inc.  1r ID: 00158034A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: http://discore	Facility Score N/A 44.8% 3.78	Add-on Percent 13.37% 2.5% 2.0%	-		d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.4851 1.4519 1.4796	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
CA	SE MIX BASED RATE CALCULATIONS		2	b	Trible Charge	3:44:33 <b>d</b> 10:33;41	andayan 😝 ayaa ay	open filmer	g	9	gijirilgga, <b>h</b> aa alliga	100 mg (100 mg)
	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	lase 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	\$12,651,901	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)	1	(\$43,344)	\$35,164
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,377,278	\$6,812,981	\$0	\$1,123,103	\$846,882	\$471,160	\$2,270,252	\$481,195	\$336,541	\$35,164
8	Total Nursing Facility Days As Filed Days = 70,236	FY12 Audited C/R Days	70,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 68,828	FY 18 GL-PL Ins Rpt Days								68,828		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln B Col a	\$176.36	\$97.00	\$0,00	\$15,99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4851</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65,32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0,50
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	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6,99	12.63 (FRV)	\$0.50
1	tuarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$16,13	\$8,73	\$0,00	\$2,14	\$2.51	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.89	\$74.05	\$0.00	\$18.13	\$21,28	\$0,00	\$23.31	\$6,99	\$12.63	\$0.50
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End Ln 16 x Ln 17		<u>1.4796</u> \$109.56								
19	Qrtrfy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$192.40	\$109.56	\$0.00	\$18.13	\$21.28	\$0.00	\$23,31	\$6,99	\$12.63	\$0.50
	tuarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see 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	\$2.74	\$2,74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.19	\$2,19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.09	\$5.46	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25 C	luarterly Case Mix Based Per Diem Rate	En 19 + En 24	\$198.49	\$115.02	\$0.00	\$18.35	\$21,69	\$0.00	\$23,31	\$6.99	\$12.63	\$0.50
26 C	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.87									

Provider: Chulio Hills Health and Rehab Center Prvdr ID: 00143437A Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin	e: 4/1/2020	-	owth Allowance: otrly BIMS score	35,1%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI; Medicaid CMI;		Facility <u>Specific</u> 1.2223 1.8219 1.8555	State- wide 1.3617 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	egeleyetik <b>b</b> taşıyı	rassec (1958)	d	Mary of <b>e</b> rodification	Shee <b>rf</b> iri,	Times <b>g</b> matik	g	<u> </u>	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37	Mahan Property of the Property		
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,224,295	\$2,404,577	\$0	\$457,998	\$305,687	\$321,514	\$597,884	\$109,714	\$26,921	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149	\$552,613	\$109,714	\$8,436	\$26,471
8 Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL ins Rpt Days								33,250		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3,30	\$0.25	\$0.78
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3,30	\$0.25	\$0,78
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	\$119.50	\$57.48	\$0.00	\$13.43	\$18.35		\$16.20	\$3,30	9.96 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons	1 a 1 d a Coadh Albana W		-7.00			20.45	***	****			
15 Growth Allowance Percentage = 13.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwih Allwinc % Ln 14 + Ln 15	\$14.11	\$7.69	\$0.00	\$1.80	\$2.45	\$0.00	\$2,17	N/A	N/A	N/A
1 1	per Current Qtr End	\$133.61	\$65.17	\$0.00	\$15.23	\$20.80	\$0.00	\$18.37	\$3.30	\$9.96	\$0,78
	Ln 16 x Ln 17		1.8555 \$120.92								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AlkOthr = Ln 16	\$189.36	\$120.92 \$120.92	\$0.00	\$15.23	\$20.80	\$0.00	\$18.37	\$3.30	\$9.96	\$0.78
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	En 19 Col b x CPS Add-on	\$3,02	\$3,02								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.63	\$3.63								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.64	\$128.10	\$0.00	\$15.45	\$21.21	\$0.00	\$35.84	\$3.30	\$9.96	\$0.78
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.16									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	ovider: Church Home Rehab & Healthcare odr ID: 00140467A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	4/1/2020		owth Allowance; Nrly BIMS score	Facility Score N/A 27,3% 4.06	Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI; Medicald CMI;		Facility <u>Specific</u> 1.2835 1.3391 1.3655	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services	Dietary d	Laundry & Houskpag e	Plant Operatns & Maint f	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
c	ASE MIX BASED RATE CALCULATIONS			Day and Maskerson	Salaria A. Carana	January <b>U</b> ray 1997		10.0000 to 10.000	<b>9</b> (1849)	J	<u> </u>	<u> </u>
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	**************************************	50.0% 105.0% \$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	\$2,416,690	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8	Total Nursing Facility Days As Filed Days = 17,393	FY12 Audited C/R Days	17,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days								26,255		_
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138,27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1.01	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2835								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0,35	\$1.01	\$0.80
14	Per Diem Standards (After Statewide CMA for Routine Stross)	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	\$142.75	\$61,35	\$0.00	\$15,34	\$17.33		\$20.56	\$0.35	27.02 (FRV)	\$0.80
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15,32	\$8,20	\$0.00	\$2.05	\$2,32	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$15.32	\$69.55	\$0.00	\$2,03	\$2,32 \$19.65	\$0.00	\$2.75	\$0,35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.07	1.3655	\$0.00	\$11.55	\$15.00	\$0.00	\$23.31	\$0,55	\$21.02	30,00
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$183.49	\$94.97	\$0,00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Cal b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.55	\$99,30	\$0,00	\$17.61	\$20.06	\$0.00	\$40.41	\$0.35	\$27.02	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.34				<u> </u>					

Facility Add-on Facility State-Provider: Clinch Health Care Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide 00142106A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3288 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 23.2% Quarterly Medicaid CMI: 1.4731 1.4820 1.0% MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.0% Ortrly Mcaid CMI w RUG Wght Options: 1.4977 1.4569

	<u> </u>											
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
]		(and Delian Manual)		1	1	2	1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards & Efficiency weasure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,062)	\$0	\$0	\$0	\$0	\$0	(\$37,984)		\$10,841	\$23,081
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,934,818	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$454,407	\$19,237	\$258,505	\$23,081
8	Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days								23,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3288								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	\$8.91	\$0.80
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	\$86.76	\$37.89	\$0.00	\$10.92	\$13.86		\$15.66	\$0.82	6.81	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$10.47	\$5.07	\$0.00	\$1.46	\$1.85	\$0.00	\$2.09	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$97.23	\$42.96	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End	ψ51.25	1.4977	ψ0.00	Ψ12.50	ψ13.71	Ψ0.00	ψ17.73	Ψ0.02	ψ0.01	Ψ0.00
18	, , <u> </u>	Ln 16 x Ln 17		\$64.34								
19	, , ,	RS = Ln 18, AllOthr = Ln 16	\$118.61	\$64.34	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
10	Quarterly Woodload ONE Chilored For Storie		Ψ110.01	Ψ04.04	φ0.00	Ψ12.00	Ψ10.71	ψ0.00	ψιτιτο	Ψ0.02	φο.στ	ψ0.00
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.64	\$0.64								
22	· · · · · · · · · · · · · · · · · · ·	Ln 19 Col b x Stfng Add-on	\$1.29	\$1.29								
23	•	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.56	\$2.46	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$139.17	\$66.80	\$0.00	\$12.60	\$16.12	\$0.00	\$35.22	\$0.82	\$6.81	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$91.55									

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

						Facility	Add-on		Facility	State-
-	Provider:	Coastal Manor			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
	Prvdr ID:	00856028A			Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.3441	1.3617
-			Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	42.6%	2.5%	Quarterly Medicaid CMI:	1.4121	1.4820
			MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3,94	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.4390	1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
250			<b>a</b>	b	C	Control de Control		10086 <b>1</b> (1008)	g	g	a se seed a <b>h</b> in stage de	asyssäi ayaa
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$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	\$8,004,109	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322		\$117,406	\$1,220,035	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,455	(\$88,647)		(\$3,213)	1 . [
8	Cost Center Costs After Audit Adjustments		\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063
°	Total Nursing Facility Days As Filed Days = 36,013  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	36,013							07.004		
9	Net Per Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$220.19	\$89.25	\$0.00	\$25.56	\$31,16	(with L&H)	\$36.93	37,331	622.70	
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12	\$220.19	1.3441	\$0.00	\$25,56	\$31.10	(With Larry	\$30.93	\$3.14	\$33.79	\$0.36
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$66.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66,40	\$0,00	\$25,56	\$31,16		\$36.93	\$3.14	\$33.79	\$0.36
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$31.10		\$20.56	\$0.00	\$33.79 N/A	30.30
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$155.95	\$66.40	\$0.00	\$25,56	\$23.09		\$20.56	\$3.14	16.84	\$0.36
'	Date i cital date inix injusted i di bibli	23335 57 217 12 57 217 15	\$100.50	\$00.40	\$0.00	\$20.00	\$25.03		\$20,50	<b>30,14</b>	(FRV)	\$0.50
	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.88	\$0,00	\$3.42	\$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	\$174.09	\$75.28	\$0.00	\$28.98	\$26.18	\$0.00	\$23.31	\$3.14	\$16,84	\$0.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4390								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$108.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.14	\$108,33	\$0,00	\$28,98	\$26.18	\$0.00	\$23.31	\$3.14	\$16.84	\$0.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0,00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Łn 19 Col b x Slfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.81	\$6.49	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln 24	\$230.95	\$114.82	\$0.00	\$29.20	\$26.18	\$0,00	\$40.41	\$3.14	\$16.84	\$0.36
$\vdash$					l	l		L				l

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$160.39

(Ln 25 - Ln 23) \* 0,75

	vider. Cobblestone Rehab and Healthcare Center dr ID: 00142711A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Urly BIMS score	17.1%	Add-on Percent 13.37% 0.0% 3.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.4590 1.4395 1.4639	State- wide 1,3617 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
			<b>a</b> v	ilina <b>b</b> ilinaria	- (C	969 98 <b>,d</b> (34.98)	native e a sign	A BARB <b>f</b> or green	9	section graduation	rigge gar <b>h</b> eg el (19).	Legrana <b>I</b> ran Alam
CA	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,715,072	\$1,561,328	\$0	\$321,006	\$288,241	\$230,071	\$858,311	\$6,221	\$449,894	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$50,908) \$3,664,164	(\$2,304) \$1,559,024	\$0 \$0	(\$9,289) \$311,717	(\$811) \$287,430	\$1,104 \$231,175	(\$38,342) \$819,969	\$6,221	(\$67,207) \$382,687	\$65,941 \$65,941
8	Total Nursing Facility Days  As Fited Days = 20,374  Total Nursing Facility Days GL-PL Ins. Rpt  As Fited Days = 19,878	FY12 Audited C/R Days FY 18 GL-Pt Ins Rpt Days	20,374							19,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$179.85	\$76.52	\$0.00	\$15.30	\$25.45	(with L&H)	\$40.25	\$0.31	\$18.78	\$3.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$175.00	1.4590	\$5.00	\$10.00	Ψ25.45	(MINI LOND)	Q-10.20	40.01	\$10,70	\$0,24
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.45	\$0,00	\$15,30	\$25.45		\$40.25	\$0.31	\$18.78	\$3,24
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 En 12 or En 13	\$133.21	\$52.45	\$0.00	\$15.30	\$23.09		\$20.56	\$0,31	18,26 (FRV)	\$3.24
	Quarterly Per Diem Rate Prior to Add-ons										(*****)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$7.01	\$0.00	\$2.05	\$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	\$148.11	\$59.46	\$0.00	\$17,35	\$26.18	\$0.00	\$23,31	\$0,31	\$18.26	\$3.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1,4639</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87,04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.69	\$87.04	\$0.00	\$17.35	\$26,18	\$0.00	\$23,31	\$0.31	\$18.26	\$3.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$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 = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.46	\$3.14	\$0.00	\$0.22	\$0.00	\$0,00	\$17.10	\$0.00	\$0.00	\$0,00
25 0	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$196.15	\$90.18	\$0.00	\$17.57	\$26.18	\$0.00	\$40.41	\$0.31	\$18.26	\$3.24
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.29									

Facility Add-on Facility State-College Park Health Care Center Score Percent Provider: Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide\_ 00140654A Prvdr ID; Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2906 1.3617 Quarterly Medicaid CMI: Case Mix Per Diem Rate Effective Date; 4/1/2020 Qtrly BIMS score 33.8% 2.5% 1,4300 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Meaid CMI w RUG Wight Options: 2.66 2.0% 1.4571 1.4569

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
31,44			a	b	in Constitution	in (an) december	e	green freed	g	g	Argadiska <b>h</b> asasaa g	deservite ne.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,335,885	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days								29,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.24	\$71.49	\$0.00	\$15.53	\$17.50	(with L&H)	\$20.25	\$0.60	\$18.43	\$1.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2906								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55,39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
13	Per Diern 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	\$118.35	\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0,60	7,64	\$1,44
	Quarterly Per Diem Rate Prior to Add-ons								-		(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwric %	\$14.54	\$7.41	\$0.00	\$2.08	\$2.34	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.89	\$62.80	\$0.00	\$17.61	\$19.84	\$0.00	\$22.96	\$0.60	\$7.64	\$1.44
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current QIr End	,	1.4571								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$161.60	\$91.51	\$0.00	\$17.61	\$19.84	\$0.00	\$22.96	\$0.60	\$7.64	\$1.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$4.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.21	\$96,16	\$0.00	\$17.83	\$20.25	\$0.00	\$40.29	\$0.60	\$7.64	\$1.44
<del></del>					1		1	l	1			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$125.33

(Ln 25 - Ln 23) \* 0.75

Provider: Comer Health and Rehab	Add	I-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C		-	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:				N/A 48.9% 3.35	13.37% 5.5% 3.0%	Ortrly Moaid	Base Period Quarterly N CMI w RUG \	:	1,2625 1,4511 1,4748	1,4014 1,4569 1,4820	
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
		a	<u> </u>	С	d	e	ſ	9		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4.832,506	\$2,286,566	S0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	so
6 Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$514,843)	\$0	\$0	SO SO	SO	\$0	(\$514,843)	1 1	(\$6,299)	\$6,299
7 Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,317,663	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$553,590	\$110,589	\$350,936	\$6,299
8 Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Rpt Days								38,270		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19,05	\$2.89	\$12.08	\$0.22
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,2625								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.33	\$0,00	\$17.63	\$17.11		\$19.05	\$2.89	\$12.08	\$0,22
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.96	\$62,33	\$0.00	\$17,63	\$17.11		\$19,05	\$2.89	7.73	\$0.22
Quarterly Per Diem Rate Prior to Add-ons	and the second									(FRV)	
15 Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.53	\$8.33	\$0.00	\$2.36	\$2.29	\$0.00	\$2.55	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.49	\$70,66	\$0.00	\$19.99	\$19.40	\$0.00	\$21.60	\$2.89	\$7.73	\$0.22
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4748								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.21								4
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.04	\$104.21	\$0.00	\$19.99	\$19.40	\$0.00	\$21.60	\$2.89	\$7.73	\$0,22
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5,73	\$5.73								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	t.n 19 Col b x Stfng Add-on	\$3,13	\$3.13								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.49	\$9.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.53	\$113,60	\$0.00	\$20.21	\$19.81	\$0.00	\$39,07	\$2.89	\$7.73	\$0.22
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$139.82		·	i		L				i

1	Provider: Comfort Creek NRC of Wadley	******	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index ((	_	•	Facility Specific	State- wide
[	Case Mix Per Diem Rate Effective Date;	4/1/2020	c	Qtrly BIMS score	28.2%	1.0%			d Overall CMI: Medicaid CMI:		1,3067 1,4987	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending;	12/31/19 Nurse Hours p	er On-Site Day/C	Quality Incentive:	2.75	2.0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1,5254	1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
400			<b>a</b>	ъ	С	gara danga	menty eximal	38500 <b>f</b> (1990)	g	g	2024 (1) (1) <b>h</b> (1) 22224.	gwainga
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	And the state of t		
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	THE TAXABLE PARTY OF TAXABLE PARTY OF TA		
	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	\$3,313,003	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,048)	\$0	\$0	\$0	\$0	\$0	(\$54,075)		(\$46,994)	\$45,021
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,256,955	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$360,462	\$91,806	\$204,359	\$45,021
8	Total Nursing Facility Days As Filed Days = 27,042	FY12 Audited C/R Days	27,042									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,777	FY 18 GL-PL Ins Rpt Days								32,777		
9	1	Ln 7 / Ln 8 Col a	\$119.85	\$60.54	\$0.00	\$14.54	\$19.42	(with L&H)	\$13,33	\$2.80	\$7.56	\$1.66
10	1 -	from 4 qtrs of FY12		1.3067								
11		Ln 9 / Ln 10		\$46.33								
12	· · · · · · · · · · · · · · · · · · ·	RS = Ln 11, AliOlhr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2,80	\$7.56	\$1.66
13	,	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	\$106.38	\$46.33	\$0.00	\$14.54	\$19.42		\$13,33	\$2.80	8.30	\$1.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1 ,	Ln 14 x Grwth Allwnc %	\$12.51	\$6.19	\$0.00	\$1.94	\$2.60	\$0.00	\$1.78	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118,89	\$52,52	\$0,00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5254								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$80.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146,48	\$80,11	\$0,00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	* * * * * * * * * * * * * * * * * * * *	Ln 19 Col b x CPS Add-on	\$0.80	\$0,80		7	40.41	1	1 75.57			
22	<u> </u>	Ln 19 Col b x Sting Add-on	\$1.60	\$1.60								
23	-	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.03	\$2.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.51	\$83.04	\$0.00	\$16.70	\$22.43	\$0.00	\$32.58	\$2.80	\$8.30	\$1.66
			(	1		1	I	1	1	1		1

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$112.81

(Ln 25 - Ln 23) \* 0.75

1	rovider: Cook Senior Living Center rvdr ID: 00059826A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Vurse Hours		rth Allowance: ly BIMS score	Facility Score N/A 39.3% 4.68	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	•	Facility <u>Specific</u> 1.4305 1.3029 1.3225	State- wide 1.3699 1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·	WWW.	а	b	С	ď	e	f	g	9	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90,0% 100,0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$4,842,063	\$2,237,304	\$0	\$774,735	\$382,651	\$332,494	\$648,145	\$34,380	\$432,354	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0	\$0	\$0	\$0	\$0	(\$49,757)		(\$10,009)	\$10,009
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,792,306	\$2,237,304	\$0	\$774,735	\$382,651	\$332,494	\$598,388	\$34,380	\$422,345	\$10,009
8	Total Nursing Facility Days As Filed Days = 29,794	FY13 Audited C/R Days	29,794								,	
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,753  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL, Ins Rpt Day. Ln 7 / Ln 8 Coi a								31,753		
10	Base Period Facility Case Mix Adjustit to Rotatine Stycs	from 4 qtrs of FY10	\$160.77	\$75.09	\$0.00	\$26.00	\$24.00	(with L&H)	\$20.08	\$1.08	\$14.18	\$0,34
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.4305							E des	
12	Net Per Diems after Case Mix Adjustit to Routine Sives	RS = Ln 11, AllOthr = Ln 9	,	\$52.49 \$52.49	ma aa	200.00	****				_	
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits	•	\$52.49 \$73.90	\$0.00 \$0.00	\$26.00 \$28.00	\$24.00		\$20.08	\$1.08	\$14.18	\$0.34
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.34	\$52.49	\$0.00	\$26.00	\$23.27 \$23.27		\$23.46	\$0.00	N/A	
			\$101.04	\$52,49	\$0.00	320.00	\$25.21		\$20.08	\$1.08	8.08 (FRV)	\$0.34
	Quarterly Per Diem Rate Prior to Add-ons										` '	
15	Growth Allowance Percentage = 13,4%	Ln 14 x Grwth Allwnc %	\$16.29	\$7.02	\$0.00	\$3.48	\$3,11	\$0.00	\$2,68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.63	\$59.51	\$0.00	\$29.48	\$26,38	\$0.00	\$22.76	\$1.08	\$8.08	\$0,34
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1,3225								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	Lก 16 x โก 17 RS = Ln 18, AllOlhr = Lก 1	6 \$166.82	\$78.70 \$78.70	\$0.00	\$29.48	505.50	40.00				
13	Additional Michigan Clark Allowed Fel Dieni	NO - Eli (b, Allotti) - Eli (	\$166.62	\$78.70	\$0.00	\$29.48	\$26,38	\$0.00	\$22,76	\$1.08	\$8.08	\$0,34
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0,53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-or	4,	\$1.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-or	1	\$2.36								
23 24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	• • • • •					\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.55	\$4.86	\$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	\$189.37	\$83.56	\$0.00	\$29,70	\$26.38	\$0.00	\$40.23	\$1.08	\$8.08	\$0.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.20									

1								>
			Facility	Add-on		Facility	State-	-
	Ith & Rehab	Add-on Data and Percentage	Score	Percent	Case Mix Index (CMI) Data	Specific Specific	wide	
Prvdr ID: 00059892A		Growth Allowar	ce: N/A	13.37%	Base Period Overall CMI:	1.1887	1,3699	I
	Case Mix Per Diem Rate Effective Date:	04/01/20 Qtrly BIMS so	re 34.6%	2.5%	Quarterly Medicaid CMI:	1.6844	1.4569	ŀ
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Vurse Hours per On-Site Day/Quality Incent	ve: 13,31	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.7168	1.4820	ŀ
1								i

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
Ē .		THEORY CO. LANS W. L. M. L. A. C. Mark Mark Mark Mark Mark Mark Mark Mark	·	<u>b</u>	<u> </u>	<u>d</u>	. е	f	9	9 ,	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS		-									:
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts				And a second and a							
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$36,822)	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days As Filed Days = 11,808	FY13 Audited C/R Days	11,808									-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL ins Rpt Days								23,836		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.06	\$80.96	\$0.00	\$20.90	\$15,29	(with L&H)	\$26,24	\$3.26	\$16,13	\$1.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.1887</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$68.11	\$0,00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
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	\$139.16	\$68,11	\$0.00	\$19.14	\$15.29		\$23.46	\$3.26	8.62	\$1.28
	Quarterly Per Diem Rate Prior to Add-ons				İ						(FRV)	
15	1 -	Ln 14 x Grwth Allwnc %	\$16,85	\$9,11	\$0.00	\$2.56	\$2.04	\$0.00	\$3.14	N/A	N/Λ	N/A
16		Ln 14 + Ln 15	\$156,01	\$77.22	\$0.00	\$21.70	\$17.33	\$0.00	\$26.60	\$3,26	\$8.62	\$1.28
17	· · · · · · · · · · · · · · · · · · ·	per Current Qtr End		1.7168				• • • • • • • • • • • • • • • • • • • •	420.00	00.20	<b>40.52</b>	\$1.20
18		Ln 16 x Ln 17		\$132.57			-					
19		RS = Ln 18, AllOthr = Ln 16	\$211,36	\$132.57	\$0.00	\$21.70	\$17.33	\$0,00	\$26.60	\$3,26	\$8.62	\$1.28
	Countries Day Street Add and America											•
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	60.00		00.00				
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,31	\$3.31	1 30.00	\$0,00	\$0.41	\$0.00	\$0,00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3,98	\$3.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	33.80	F		1		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$7.82	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	60.00	60.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236,69	\$140.39	\$0.00	\$21.70	\$17.74	\$0.00		\$0,00	\$0.00	\$0.00
-	addressity office may proport of pictif batte	ы то тыгат	\$230,69	\$140.33	\$0,00	\$21.70	\$17.74	\$0.00	\$43.70	\$3.26	\$8.62	\$1.28
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164,69	1								

Provider: Countryside Health Center Prvdr ID: 00141666A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance; Itrly BIMS score	27.1%	Add-on Percent 13.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1147 1.5487 1.5749	State- wide 1.3617 1.4820 1.4569
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		a a	gaga limin <b>lb</b> a an essa.	C	d.	e	agent of the sale	g	g	[1946] Bargas <b>h</b> [1944] [1945]	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Altowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,031,679	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8 Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days								19,564		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$102.91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12.61	\$2.06	\$0.00	\$0.78
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1147								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$49.99	** **							
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, Al(Olhr = Ln 9		\$49.99	\$0.00	\$13.97	\$17.77		\$12.61	\$2,06	\$0.00	\$0.78
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)  14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	0400.04	\$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 of Ln 13	\$103.31	\$49.99	\$0.00	\$13,97	\$17.77		\$12.61	\$2.06	6.13 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %		***	****		•	***				
15 Growth Allowance Percentage = 13.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.62	\$6,68 \$56.67	\$0.00 \$0.00	\$1.87	\$2,38 \$20,15	\$0,00	\$1.69 \$14.30	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$115.93	1.5749	\$0.00	\$15.84	\$20.15	\$0.00	\$14.30	\$2.06	\$6.13	\$0.78
18 Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.25								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.51	\$89.25	\$0.00	\$15.84	\$20.15	\$0.00	\$14.30	\$2.06	\$6,13	\$0.78
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.89	\$0,89								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1,79								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.31	\$3.21	\$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	\$169.82	\$92.46	\$0.00	\$16.06	\$20.56	\$0.00	\$31.77	\$2.06	\$6.13	\$0.78
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) ^ 0.75	\$114.54									

Provider: Prvdr ID:	Covenant Dove- Macon		Add-on Data and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Case Mix Index (CMI) Data  Base Period Overall CMI:	Facility Specific	State- wide	
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19	Otrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	41.3% 3.21	2.5% 2.0%	Quarterly Medicaid CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.5027 1.7309 1.7623	1.4014 1.4569 1.4820	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i	1		<u>a</u>	b	c	d	ее	f	g		h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts						-					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)		(\$24,077)	\$24,077
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$3,169,396	\$1,731,823	\$0	\$252,767	\$176,345	\$179,943	\$454,615	\$11,958	\$337,868	\$24,077
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788			B						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL ins Rpt Days			ĺ					30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5027		ļ						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.35
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0,39	8.92	\$1,35
	Quarterly Per Diem Rate Prior to Add-ons	a de la companya de l									(FRV)	
15	Growth Allowance Percentage = 13,4%	Ln 14 x Grwth Allwnc %	\$16.45	\$8,66	\$0.00	\$1.90	\$2.68	\$0,00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Ln 15	\$150,16	\$73.45	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8.92	\$1,35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	*	1.7623	1	7.4	, JEE., 1	40,00	021.20	40.00	\$0.52	\$1,55
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129,44						1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.15	\$129.44	\$0.00	\$16,11	\$22.71	\$0,00	\$27.23	\$0,39	\$8.92	\$1,35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	÷0.00			
21	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24	30,00	30.22	\$0,41	30.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2,59	\$2.59	-	-						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	Q2.33					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$6,36	\$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	\$230.24	\$135,80	\$0.00	\$16.33	\$23.12	\$0.00	\$44.33	\$0.39	\$8.92	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$159.86	+	1	1 7,5,50	1	75.00	1	70.03	40.32	\$1.33
20	Quarterly For Dient Nate for Dea Hold and Leave Days	(E) 59 + C) 50 U, 19	\$153.86									

1	ovider: Crestview Nursing Facility vdr ID: 00273567A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; htdy BIMS score	30.5%	Add-on Percent 13,37% 2,5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1823 1.0657 1.0781	State- wide 1.3617 1,4820 1.4569
Line #	Description:	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>			а	As 1400 <b>b</b> (15, 150)	C	d d	in the contract of	1	sing	g	ett soch organis	2004 <b>1</b> 00 0
<u>C</u>	ASE MIX BASED RATE CALCULATIONS								ļ			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90,0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$17,345,050	\$9,275,318	\$0	\$1,621,649	\$1,257,095	\$1,053,129	\$3,462,992	\$155,956	\$518,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,737,823)	(\$610,837)	\$0	(\$349,850)	(\$63,040)	(\$177,026)	(\$273,838)		(\$267,314)	\$4,082
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,607,227	\$8,664,481	\$0	\$1,271,799	\$1,194,055	\$876,103	\$3,189,154	\$155,956	\$251,597	\$4,082
8	Total Nursing Facility Days As Filed Days = 89,009	FY12 Audited C/R Days	89,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433	FY 18 GL-PL Ins Rpt Days								101,433		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$175.14	\$97.34	\$0.00	\$14.29	\$23.26	(with L&H)	\$35.83	\$1.54	\$2.83	\$0.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1823								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33	ļ							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.33	\$0,00	\$14,29	\$23,26		\$35.83	\$1.54	\$2.83	\$0.05
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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$140.87	\$71.51	\$0,00	\$14,29	\$23,09		\$20.56	\$1.54	9,83 (FRV)	\$0.05
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17,31	\$9,56	\$0,00	\$1,91	\$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	\$158.18	\$81.07	\$0.00	\$16.20	\$26.18	\$0.00	\$23,31	\$1.54	\$9,83	\$0.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0781			.=3.10	,				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.51	\$87.40	\$0.00	\$16.20	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0,05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stad - 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	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.62	\$2.62								
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	\$5.03	\$4.81	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.54	\$92.21	\$0.00	\$16.42	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$127.16									

1	Provider: Crisp Regional Nursing and Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (C			Facility Specific	State- wide
*	Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance: http://www.score		13.37% 5.5%			d Overall CMI: Medicaid CMI:		1,4206 1,7635	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/C			3.0%	Ortrly Moaid	CMI w RUG			1,7962	1.4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			griffer <b>a</b> growth	tier of <b>b</b> indings	С	्रक्ता <b>, त</b> ्र	е	esectore.	g	g	11.00 (A. <b>h</b> .)	jaga, irga
<u>c</u>	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 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
"	Eniciency ineasure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$5,952,644	\$2,971,066	\$0	\$711,607	\$402,802	\$416,741	\$836,579	\$70,786	\$543,063	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,154)	\$0	\$0	\$0	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0	\$711,607	\$403,850	\$417,827	\$761,904	\$70,786	\$534,061	\$10,389
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 = 25,234	FY 18 GL-PL Ins Rpt Days								25,234		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$169.82	\$85.39	\$0.00	\$20.45	\$23.62	(with L&H)	\$21,90	\$2.81	\$15.35	\$0.30
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4206								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$60.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20,45	\$23,62		\$21.90	\$2.81	\$15.35	\$0.30
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	\$136,94	\$60,11	\$0.00	\$20.45	\$23.09		\$20.56	\$2.81	9.62	\$0,30
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	040.04			40.70	****					
15 16	· —	Ln 14 x Grwin Aliwnc % Ln 14 + En 15	\$16.61	\$8.04 \$68.15	\$0.00 \$0.00	\$2.73 \$23.18	\$3.09 \$26.18	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$2.81	N/A \$9.62	N/A \$0.30
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$153.55	1.7962	\$0.00	\$23.18	\$20.18	\$0,00	\$23,31	\$2,81	\$4,62	\$0.30
18		Ln 16 x Ln 17		\$122.41								
19		RS = Ln 18, AllOthr = Ln 16	\$207.81	\$122.41	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0,30
	Quarterly Per Diem Add-on Amounts											
20	· ·	(see Policy Manual)	\$0,75	\$0,53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.73	\$6,33	\$0.00		\$0.00	\$5.50	\$0.00		φυ.00	
22		Ln 19 Col b x Strng Add-on	\$3.67	\$3.67								
23	Transfer -	(Fixed Amount)	\$17.10	40.01					\$17.10			
24	_	Sum of Lns 20 thru 23	\$28.25	\$10.93	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	· · · · · · · · · · · · · · · · · · ·	Ln 19 + Ln 24	\$236.06	\$133.34	\$0.00	\$23,40	\$26.18	\$0.00	\$40,41	\$2.81	\$9.62	\$0.30
<u> </u>				7,00,07	1	\$20,40	420,10	70.00	1	74.01	20,02	40.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.22	I								

1	rovider: Cross View Care Center rovdr ID: 00142502A Case Mix Per Diem Rate Effective Date:	— 04/01/20		ercentages oth Allowance: ly BIMS score		Add-on Percent 13.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.1512 1.4659	State- wide 1,3699 1,4569
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Vurse Hours p	er On-Site Day/Qua	ality Incentive:	2.59	2.0%	Ortrly Mcaid		Wght Options		1,4920	1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ï	1		a	ь ь	<u>c</u>	d	е	f	9	9	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facilify within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	( ,,,			\$5.55	JO.22	05,47		90,07			
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY13 C/R	\$1,899,677	\$760,302	\$0	\$281,878	\$267,254	\$198,948	\$303,862	\$18,730	\$68,703	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	\$693	SO	\$0	\$0	(\$200)	\$130,340	\$893	310,730	(\$32,517)	\$0 \$32,517
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$1,900,370	\$760,302	\$0	\$281,878	\$267,054	\$198,948	\$304,755	\$18,730	\$36,186	\$32,517
8	Total Nursing Facility Days As Filed Days = 16,252	FY13 Audited C/R Days	16,252									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 24,178	FY 18 GL-PL Ins Rpt Days								24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$116.54	\$46,78	\$0,00	\$17.34	\$28.67	(with L&H)	\$18.75	\$0.77	\$2.23	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.1512</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40,64	\$0,00	\$17.34	\$28,67		\$18,75	\$0.77	\$2.23	\$2.00
13 14	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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of En 12 or En 13	\$110.45	\$40.64	\$0.00	\$17.34	\$23.27		\$18.75	\$0,77	7.68 (FRV)	\$2,00
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.37	\$5,43	\$0.00	\$2.32	\$3.11	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$123.82	\$46.07	\$0.00	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4920							•	
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146,49	\$68.74	\$0,00	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2.00
	Quarterly Per Diem Add-on Amounts			]								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0,00	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem ≈ 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.37	\$1.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,31	\$3.62	\$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	\$167.80	\$72.36	\$0.00	\$19.88	\$26.38	\$0.00	\$38.73	\$0.77	\$7.68	\$2,00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.03							<u> </u>	······································	
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Provider: Cumming Nursing Center Prvdr ID: 00140302A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; ltrly BIMS score	63.8%	Add-on Percent 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3016 1.4867 1.5150	State- wide 1.3617 1.4820 1.4569
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	Sign of byong a	С	d	<u> </u>	in the first of	g	g	ing per	přist <mark>i</mark> z ,
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	**************************************		
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534	\$3,015,528	\$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8 Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rot Days								41,766		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Łn 7 / Łn 8 Cola	\$159.65	\$96.24	\$0.00	\$19.72	\$21.80	(with L&H)	\$15.41	\$1.48	\$4.05	\$0.95
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3016								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$73.94								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73,94	\$0.00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95
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	\$139.41	\$71.51	\$0.00	\$18.41	\$21.80		\$15.41	\$1.48	9,85 (FRV)	\$0,95
Quarterly Per Diem Rate Prior to Add-ons										,,	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$9,56	\$0.00	\$2.46	\$2.91	\$0.00	\$2.06	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.40	\$81.07	\$0.00	\$20.87	\$24.71	\$0,00	\$17,47	\$1.48	\$9.85	\$0.95
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5150</u>								
18 Qrtdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.82								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.15	\$122.82	\$0.00	\$20.87	\$24.71	\$0.00	\$17.47	\$1,48	\$9.85	\$0.95
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,78	\$0.00	\$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	\$6.76	\$6.76								
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	\$28.32	\$10.44	\$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	\$226.47	\$133.26	\$0,00	\$20.87	\$25.12	\$0.00	\$34.94	\$1.48	\$9.85	\$0.95
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.03									

D. Castellandara Cantantan Chilland Name in a			Facility	Add-on		Facility	State-
Provider: D. Scott Hudgens Center for Skilled Nursing		Add-on Data and Percentages	<u>Score</u>	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID: 000815493B		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.3112	1.3617
Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	44.0%	2,5%	Quarterly Medicaid CMI:	1,2287	1,4820
MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	5.25	3,0%	Orlny Meaid CMI w RUG Wight Options:	1.2426	1.4569
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	ь	hadraic and	d	<b>*</b>	00001 1000	g	ide in grand	egyelete e <b>h</b> ersteletel	1,320% (105), 1.
_ ⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$1,344,854	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$318,254	\$2,383	\$127,564	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)		(\$10,653)	\$10,653
7	Cost Center Costs After Audit Adjustments	FY12 Audiled C/R	\$1,340,547	\$618,032	\$0	\$92,183	\$62,927	\$123,511	\$313,947	\$2,383	\$116,911	\$10,653
8	Total Nursing Facility Days As Filed Days = 5,856	FY12 Audited C/R Days	5,856									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 11,404	FY 18 GL-PL ins Rpt Days								11,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$228.72	\$105.54	\$0.00	\$15,74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,3112</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80,49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31.84		\$53.61	\$0,21	\$19.96	\$1.82
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	\$161.17	\$71,51	\$0.00	\$15.74	\$23.09		\$20,56	\$0.21	28.24	\$1.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$17,50	\$9.56	\$0,00	\$2,10	\$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	\$178.67	\$81,07	\$0.00	\$17.84	\$26.18	\$0.00	\$23.31	\$0,21	\$28.24	\$1.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	•110.01	1.2426	40.00	\$11.04	\$20.10	\$0.00	\$2,0.07	\$0,2,1	\$20.24	\$1.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$198,34	\$100,74	\$0.00	\$17.84	\$26.18	\$0.00	\$23,31	\$0.21	\$28.24	\$1.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2,52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$5,54	\$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	\$221.20	\$106.28	\$0.00	\$18,06	\$26.18	\$0.00	\$40.41	\$0.21	\$28.24	\$1.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.08		•							

1	ovider: Dade Health and Rehab Center  vdr ID: 00142865A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: Utrly BIMS score	36.7%	Add-on Percent 13,37% 2,5% 3,0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2764 1.4678 1.4952	State- wide 1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MAY DAGED DATE ON AUTOMO		а	b	C.	d	e	sagar francja	ati grand	geografia	1999 (199 <b>5)</b>	ì
17	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	A CONTRACTOR OF THE PROPERTY O	50,0% 105,0% \$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 Rp	\$3,109,776	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days	}							21,687		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$134.83	\$74.80	\$0.00	\$15.53	\$19,75	(with L&H)	\$17.47	\$6.29	\$0.42	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2764</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	\$0.42	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	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	\$126.72	\$58.60	\$0.00	\$15.53	\$19.75		\$17.47	\$6.29	8.51 (FRV)	\$0.57
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	614 80	\$7.83	60.00	60.00	50.64	60.00	62.74	31/4	.,,	NIZA
16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$14.89 \$141.61	\$7.83 \$66,43	\$0.00 \$0.00	\$2.08 \$17.61	\$2.64 \$22.39	\$0.00 \$0.00	\$2.34 \$19.81	N/A \$6,29	N/A \$8.51	N/A \$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.01	1.4952	30.00	317.01	\$22.35	\$0.00	\$13,01	\$0,25	\$6.51	\$0.57
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.51	\$99.33	\$0.00	\$17.61	\$22.39	\$0.00	\$19.81	\$6.29	\$8.51	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2,48	\$2,48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.98	\$2.98							-	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.60	\$105,32	\$0.00	\$17.83	\$22.80	\$0.00	\$37.28	\$6,29	\$8.51	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.13									

Facility Add-on Facility State-Dawson Health & Rehab Provider; Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00140808A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2140 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Otrly BIMS score 31.7% 2.5% Quarterly Medicaid CMI: 1,3918 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.35 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.4150 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
A(***) a			negota tigoty	b b	С		jii ilijii di re pagajaji	945050 <b>1</b> 69366	Alexai grand	g	grapi//( <b>h</b> ittory)	
CA	SE MIX BASED RATE CALCULATIONS											
1 (	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
1	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	\$3,350,365	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,716)	\$0	\$0	\$0	\$0	\$1,400	(\$16,116)		(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.25	\$68.70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0,73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2140</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56,59						1		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	\$10,22	\$0,73
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	\$116,14	\$56,59	\$0.00	\$14.99	\$16.65		\$15.89	\$3.07	8.22	\$0.73
(	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,92	\$7,57	\$0.00	\$2.00	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.06	\$64.16	\$0.00	\$16,99	\$18.88	\$0,00	\$18.01	\$3.07	\$8.22	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4150</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156,69	\$90.79	\$0.00	\$16.99	\$18.88	\$0.00	\$18,01	\$3,07	\$8.22	\$0.73
(	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Coi b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$23.62	\$5.52	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 (	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.31	\$96.31	\$0.00	\$17.21	\$19.29	\$0.00	\$35.48	\$3.07	\$8.22	\$0.73
26 (	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.41			1						1

Provider: Prvdr ID:	Decatur Health and	d Rehab Ctr  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19		owth Allowance: Itrly BIMS score	Facility Score N/A 36.0% 3.24	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.7909 1.6261 1.6543	State- wide 1.3617 1.4820 1.4569
Line #	Description			ources / Totals	Routine Services	Special Services	Dietary	in the common and the Coperators of the coperato	kG-GL-PL Property and Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and insurance
			a	фарт <b>Б</b> аруу	c	d	е	State from the	ili girai	.∷g	h h	Argost Judger
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$3,960,862	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,146)	\$0	\$0	\$0	\$0	\$0	(\$33,468)		(\$36,744)	\$37,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,927,716	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8	Total Nursing Facility Days As Filed Days = 23,853	FY12 Audited C/R Days	23,853									
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days					-			24,394		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18.05	\$15.28	(with L&H)	\$30.30	\$0,11	\$9.39	\$1.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7909								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	·	\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$18.05	\$15.28		\$30.30	\$0,11	\$9,39	\$1.55
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 En 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20,56	\$0.11	13.20	\$1.55
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$13,92	\$6,72	\$0.00	\$2,41	\$2.04	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln: 14 + Ln: 15	\$132.91	\$56.96	\$0.00	\$20.46	\$17,32	\$0.00	\$23.31	\$0.11	\$13.20	\$1,55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6543		·				,	,	,
18	Ortdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = 1,n 18, AllOthr = Ln 16	\$170.18	\$94.23	\$0.00	\$20.46	\$17,32	\$0.00	\$23.31	\$0.11	\$13.20	\$1.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2.36	\$2.36							, , , ,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,83	\$2,83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.45	\$5.72	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.63	\$99.95	\$0.00	\$20,68	\$17.73	\$0.00	\$40.41	\$0.11	\$13.20	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.40					1				I

Provider: Delmar Gardens of Prydr ID; 00395161A	f Gwinnett, Inc.  Case Mix Per Diern Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: ltrly BIMS score	20.0%	Add-on Percent 13.37% 1.0% 2.0%	***************************************	Quarterly	CMI) Data d Overall CMI; Medicald CMI; Wght Options;		Facility <u>Specific</u> 1.2576 1.3275 1.3454	State- wide 1,3617 1,4820 1,4569
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	<b>b</b>	С	d Sie	e	ng 148000 <b>f</b> (89008)	g	g in	ter and have the	A POPER POPE
CASE MIX BASED RATE CALC	CULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Grou		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (se		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Am	ounts											
5 As Filed Cost Center Costs (Routin	ne & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,648,011	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0
6 Audit Adjustments and Reallocation	ns to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7 Cost Center Costs After Audit Adjus	stments	FY12 Audited C/R	\$4,020,398	\$1,979,557	\$0	\$557,581	\$319,001	\$326,454	\$630,278	\$29,732	\$156,276	\$21,519
8 Total Nursing Facility Days	As Filed Days = 23,172	FY12 Audited C/R Days	23,172									
Total Nursing Facility Days GL-P	L Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days								21,614		
9 Net Per Diems prior to Case Mix Ac	-	£n 7 / Ln 8 Col a	\$173.59	\$85.43	\$0.00	\$24.06	\$27.85	(with L&H)	\$27.20	\$1,38	\$6.74	\$0.93
10 Base Period Facility Case Mix In		from 4 qtrs of FY12		<u>1.2576</u>								
11 Routine Srvcs Case Mix Adjstd (	•	Ln 9 / Ln 10		\$67.93								
12 Net Per Diems after Case Mix Adjsl		RS = Ln 11, AllOthr = Ln 9		\$67.93	\$0.00	\$24,06	\$27.85		\$27.20	\$1,38	\$6.74	\$0.93
13 Per Diem Standards (After Statewide	-	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allo	owed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to A											, ,	
15 Growth Allowance Percentage =	<u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.38	\$9.08	\$0.00	\$2.46	\$3,09	\$0,00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth	·	Ln 14 + Ln 15	\$159.07	\$77.01	\$0,00	\$20,87	\$26.18	\$0.00	\$23,31	\$1.38	\$9.39	\$0.93
17 Quarterly Facility Case Mix Index	•	per Current Qtr End		<u>1.3454</u>							}	
18 Qrtrly Routine Srvcs Case Mix Ac 19 Quarterly Medicaid CMA Allowed Po	• • •	Ln 16 x Ln 17 RS = Ln 18, AllOthr ≈ Ln 16	\$185.67	\$103.61 \$103.61	\$0.00	\$20.87	\$26,18	\$0.00	\$23.31	\$1,38	\$9,39	\$0.93
,		·		4100.01	45.55	<b>V</b>	<b>425.10</b>	\$5.00	<b>\$20.01</b>	\$1.00	\$3.55	\$0,55
Quarterly Per Diem Add-on Amoun  20 Efficiency Add-on Per Diem (ISInd-	l l	(see Policy Manual)	60.53	ea ra	60.00		***	40.00	20.00			
20 Efficiency Add-on Per Diem ((Stnd- 21 BIMS Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,53 \$1,04	\$0.53 \$1.04	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00		\$0,00	
22 Nurse Staff Hrs / Quality Add-on Pe	<del></del> ' '	Ln 19 Col b x Sting Add-on	\$1,04	\$1.04								
23 Nursing Home Provider Fee	110.72	(Fixed Amount)	\$17.10	ΨZ.UI					\$17.10			
24 Total Quarterly Per Diem Add-on Ar	mounts	Sum of Lns 20 thru 23	\$20.74	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Dien		Ln 19 + Ln 24	\$206,41	\$107.25	\$0.00	\$20.87	\$26,18	\$0.00	\$40.41	\$1.38	\$9,39	\$0.93
26 Quarterly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0,75	\$141.98			I			1			
	*											

Provider.	Delmar Gardens of	Smyrna		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00296271A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020	Growth Allowance: Qtrly BIMS score	N/A 35.1%	13.37% 2.5%	Base Period Overall CMI; Quarterly Medicaid CMI;	1.2475 1.2665	1.3617 1.4820
		MDS & Nuise his baca per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.44 Special	3,0%	Qrirly Meaid CMI w RUG Wght Options:	1,2831	1.4569 Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	efficient <b>b</b> pare f	C	d	:::::::e::::::::::::::::::::::::::::::	garija <b>t</b> odinaj	n proje <b>g</b> karag	g	n h	- /1
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$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	\$6,229,800	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$880,619	\$54,596	\$461,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)	(\$582)	(\$105,246)		(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$142.70	\$78.29	\$0.00	\$16.69	\$20,35	(with L&H)	\$18.53	\$1.43	\$6,42	\$0.99
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.2475</u>								
11	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.69	\$20,35		\$18.53	\$1,43	\$6,42	\$0.99
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 En 13	\$130.91	\$62.76	\$0,00	\$16.69	\$20.35		\$18.53	\$1,43	10.16	\$0.99
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15,82	\$8,39	\$0.00	\$2.23	\$2.72	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.73	\$71.15	\$0.00	\$18.92	\$23.07	\$0,00	\$2.40	\$1,43	\$10.16	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	Q1-0.10	1,2831	\$0,00	\$10.52	\$20.07	\$0.00	\$21.01	\$1,45	\$10.10	Ģ0.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91,29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.87	\$91.29	\$0.00	\$18,92	\$23.07	\$0.00	\$21.01	\$1.43	\$10,16	\$0,99
	Overtedy Day Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0,22	\$0.41	60.00	60.27		20.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.33	\$2.28	\$0,00	\$0.22	50,41	\$0.00	\$0.37		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvss)	Ln 19 Col b x Sting Add-on	\$2.74	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	SE.14					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$5.55	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$190.52	\$96.84	\$0.00	\$19.14	\$23,48	\$0.00	\$38.48	\$1,43	\$10.16	\$0.00
			V.00.JL	¥25,07	44,00	<b>414.14</b>	<b>720.40</b>	70.00	\$30,40	71.43	214.10	\$0.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.07									

1	Provider: Douglasville Nursing and Rehab Ctr.  Prvdr ID: 00141083A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: ltrly BIMS score	30,7%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5626 1.4458 1.4680	State- wide 1,3617 1,4820 1,4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	<b>b</b>	C C	d d		9949( <b>f</b> -904)	:: : : g : : : : :	in girin	eliteren <b>h</b> ligaren	alest en i filije a
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			**************************************
		(see r only manual)		\$0,55	30.00	30.22	\$0.47		\$0,37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	st \$12,063,143	\$7,214,948	so	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	so
6	, , ,	FY12 C/R Audit Adjstmts	(\$51,132)	(\$19,841)	\$0 \$0	(\$6,227)	(\$145)	\$29,333	(\$32,022)	\$90,756	\$960,932 (\$128,218)	\$105,988
7	1	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0 \$0	\$1,230,546	\$466,943	\$649,634	1	\$98,758	\$852,714	\$105,988
8	Total Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943		-	.,.,	••		+ ·, · · · -, · · ·	100,000	V,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 84,849	FY 18 GL-PL Ins Rpt Days								84,849		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.56	\$87.81	\$0.00	\$15.02	\$13,63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5626								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,19	\$0.00	\$15.02	\$13,63		\$17.24	\$1.16	\$10.41	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	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	\$118.88	\$56.19	\$0.00	\$15.02	\$13,63		\$17.24	\$1.16	14.35 (FRV)	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$13.64	\$7.51	\$0,00	\$2.01	\$1.82	\$0.00	\$2.30	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$132.52	\$63.70	\$0.00	\$17.03	\$15.45	\$0,00	\$19,54	\$1.16	\$14.35	\$1.29
17 18		per Current Qtr End		1.4680								
19	1 ' 1	Ln 16 x En 17 RS = Ln 18, AliOlhr = Ln 16	\$162.33	\$93.51 \$93.51	\$0.00	\$17.03	\$15,45	\$0,00	\$19.54	\$1.16	\$14.35	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	1 7	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.34	\$2,34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.87	\$1.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.84	\$4.74	\$0.00	\$0,22	\$0,41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + En 24	\$185,17	\$98,25	\$0,00	\$17.25	\$15.86	\$0.00	\$37.01	\$1.16	\$14.35	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$126.05									

	Provider.	Dublinair Health & Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facilily <u>Specific</u>	State- wide
	Prvdr ID;	00059947A  Case Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance: Othy BIMS score	N/A 26.0%	13.37% 1.0%	Base Period Overall CMI; Quarterly Medicaid CMI;	1.2467 1.5402	1,3617 1,4820
		MDS & Nurse Hrs Data per Quarter Ending;		Nurse Hours per On-Site Day/Quality Incentive:	2.72	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5672	1.4569
-									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	e	######################################	g	i ji ji ji gje, m	/ h	2888 <b>1</b> 44 5
5	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			hadadaya — qobayaya mammanan
	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	\$5,803,623	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$157,175)	(\$18,037)	\$0	\$565	(\$2,206)	(\$11,507)	(\$120,426)		(\$52,995)	\$47,431
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,646,448	\$3,293,154	\$0	\$767,602	\$391,792	\$385,195	\$559,009	\$191,204	\$11,061	\$47,431
8	Total Nursing Facility Days As Filed Days = 48,499	FY12 Audited C/R Days	48,499									
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 44,985	FY 18 GL-PL Ins Rpt Days								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$116,74	\$67.90	\$0.00	\$15.83	\$16,02	(with L&H)	\$11.53	\$4.25	\$0.23	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.2467</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$54,46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.46	\$0.00	\$15,83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
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	\$111.06	\$54.46	\$0,00	\$15.83	\$16.02		\$11,53	\$4.25	7.99	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwinc %	\$13.08	\$7.28	\$0.00	\$2,12	\$2.14	\$0,00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124,14	\$61,74	\$0.00	\$17.95	\$18.16	\$0.00	\$13.07	\$4.25	\$7.99	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5672	*****	******	7.5	72.00	010.07	4 /20	41.55	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$96.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.16	\$96.76	\$0,00	\$17.95	\$18.16	\$0.00	\$13.07	\$4.25	\$7.99	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97		,	*****	*	•		*****	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Cot b x Sting Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.66	\$101.16	\$0.00	\$18.17	\$18.57	\$0.00	\$30.54	\$4.25	\$7.99	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.42			·			L	<u> </u>		

Provider: Dunwoody Health and Rehab Ctr		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID: 00815295A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.6363	1,3617
Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	26,3%	1.0%	Quarterly Medicaid CMI;	1.6946	1.4820
MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.50	2.0%	Ortrly Meald CMI w RUG Wght Options:	1.7250	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
345.			a	(1) (b. 1) vy	С	near design	e e	(5) (5) <b>1</b> (5) (5)	g.	g	egene <b>h</b> erete	aasatti keede
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$2,524,089	\$5,773	\$733,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days					į			71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$186.27	\$115.51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7.23	\$2,78
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.6363								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.59	\$0.00	\$17.33	\$16,32		\$27.02	\$0.08	\$7.23	\$2.78
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	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0.08	17.68	\$2,78
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,69	\$9.44	\$0.00	\$2.32	\$2,18	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$80,03	\$0.00	\$19.65	\$18.50	\$0.00	\$23.31	\$0,08	\$17,68	\$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.00	1.7250	40.00	4,0.00	\$10.00	\$0.00	<b>\$20.01</b>	ψο,σσ	\$17.00	52.10
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$138.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.05	\$138.05	\$0.00	\$19.65	\$18.50	\$0.00	\$23.31	\$0,08	\$17.68	\$2.78
		·	•		, , , , ,	, , , ,	71-1		*******	44.44	• • • • • • • • • • • • • • • • • • • •	42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	La 19 Cal b x Sling Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.67	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0,00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242,45	\$142.72	\$0.00	\$19.87	\$18.91	\$0.00	\$40.41	\$0.08	\$17.68	\$2.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$169.01									

	rovider: Eagle Health ovdr ID: 00143151A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Qtrly BIMS score	41.1%	Add-on <u>Percent</u> 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3784 1.5820 1.6095	State- wide 1,3617 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	para biring	C	đ	e e	and from	g	g	Stagership disc	e um e i dege
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range wilthin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											A. C. C. C. C. C. C. C. C. C. C. C. C. C.
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,453,079	\$1,892,596	\$0	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$67,575)	(\$915)	\$0	(\$1,864)	(\$7,755)	(\$12,820)	(\$37,510)		(\$33,888)	\$27,177
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,385,504	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
8	Total Nursing Facility Days As Filed Days = 20,477	FY12 Audited C/R Days	20,477									
	Total Nursing Facility Days GL-Pt, Ins, Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.87	\$92.38	\$0.00	\$15.79	\$20.25	(with L&H)	\$23.02	\$4.14	\$6.96	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3784								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67,02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23,02	\$4.14	\$6,96	\$1.33
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	\$138,47	\$67.02	\$0.00	\$15,79	\$20.25		\$20.56	\$4.14	9.38	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.53	\$8.96	\$0.00	\$2,11	\$2.71	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15	\$155.00	\$75.98	\$0.00	\$17.90	\$22.96	\$0,00	\$23.31	\$4.14	\$9,38	\$1,33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.6095								-
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.31	\$122.29	\$0.00	\$17.90	\$22.96	\$0.00	\$23.31	\$4.14	\$9.38	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.77	\$6.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
			-	İ	1				<b> </b>			

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$225,08

\$155.99

\$128,33

\$0,00

\$18.12

\$23.37

\$0.00

\$40.41

\$4.14

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$9.38

\$1.33

1	rovider: Early Memorial Nursing Home ovdr ID: 00140874A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: Qtrly BIMS score	Facility Score N/A 24.2% 4.36	Add-on <u>Percent</u> 13,37% 1,0% 3,0%	Military Andrews	Quarterly	CMI) Data d Overali CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2350 1.0879 1.1031	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
$\vdash$			i rije alemb	451798 <b>b</b> 194649	S Section	d		i speciality as be-	g	g	<u> 1875 - S. <b>h</b>arren 3</u>	19130 <b>1</b> 1/3000
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85,0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100,0% \$0.22	100.0% \$0.41		105.0% \$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 Rp	**********	\$2,508,700	\$0	\$569,553	\$422,855	\$545,988	1 ' '	\$0	\$34,673	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$14,982	(\$72,500)	\$0	(\$447)	\$39,877	\$17,103	\$30,725		\$224	\$0
7 8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R FY12 Audited C/R Days	\$5,879,184	\$2,436,200	\$0	\$569,106	\$462,732	\$563,091	\$1,813,158	\$0	\$34,897	\$0
8	Total Nursing Facility Days As Filed Days = 32,050 Total Nursing Facility Days GL-PŁ Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL ins Rpt Days	32,050	ļ								
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$183,44	\$76.01	\$0.00	\$17,76	\$32,01	(with L&H)	<b>\$</b> 56.57	33,004 \$0,00	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$103,44	1,2350	\$0.00	\$17,70	\$32,01	(with Lory	330.31	\$0.00	\$1.05	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$61.55	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00
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	\$0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131,70	\$61,55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$16,44	\$8.23	\$0,00	\$2,37	\$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	\$148.14	\$69.78	\$0.00	\$20.13	\$26.18	\$0.00	\$23,31	\$0.00	\$8.74	\$0.00
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.1031								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$155.33	\$76.97	\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.77	\$0.77								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.31	\$2,31								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.93	\$3.61	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.26	\$80.58	\$0.00	\$20.35	\$26.18	\$0.00	\$40.41	\$0.00	\$8.74	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.37									

Facility Add-on Facility State-Provider: East Lake Arbor Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00140137A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2163 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 48.8% 5.5% Quarterly Medicaid CMI: 1.7625 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Orldy Meald CMI w RUG Wight Options: 2.0% 3.36 1,7974 1.4569

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	đ	е	District 1 97 / 64	A CONTRACTOR	g	h	00% (I)
5	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,536,622	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$171,960)	\$0	\$0	\$1,371	\$0	\$0	(\$173,331)		(\$50,727)	\$50,727
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474	\$112,768	\$236,034	\$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 Audiled C/R Days	31,750									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,504	FY 18 GL-PL Ins Rpt Days								28,504		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137,88	\$73,82	\$0,00	\$16.34	\$18.56	(with L&H)	\$16.17	\$3.96	\$7.43	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2163</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,69	\$0,00	\$16.34	\$18.56		\$16.17	\$3.96	\$7.43	\$1,60
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 Dierri	Lesser of Ln 12 or Ln 13	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16,17	\$3.96	9.61	\$1.60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8.11	\$0.00	\$2,18	\$2.48	\$0.00	\$2,16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.86	\$68,80	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3,96	\$9.61	\$1,60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7974								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.66								
19	Quarterly Medicard CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.72	\$123,66	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9.61	\$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.80	\$6.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add∙on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.90	\$9.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.62	\$133.46	\$0.00	\$18,74	\$21.45	\$0.00	\$35.80	\$3.96	\$9.61	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.64		)	ł	1			I		

Provider:	Eastman Healthcare			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00141974A			Growth Allowance;	N/A	13.37%	Base Period Overall CMI;	1,1568	1,3699
		ase Mix Per Diem Rate Effective Date:	04/01/20	Qtrly BIMS score	17,3%	0.0%	Quarterly Medicald CMI:	1.3646	1.4569
	MDS 8	& Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.84	3.0%	Ortrly Moaid CMI w RUG Wght Options:	1.3891	1.4820
1									1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i	THE RESIDENCE OF THE PROPERTY OF THE PARTY O		a	<u>b</u>	C C	d	е	f	9	9	h	i
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes							
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$58,783)	1	50	\$0	\$0	\$0	(\$54,036)	1 ' 1	(\$21,752)	\$16,718
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,944,287	\$1,829,043	\$0	\$522,255	\$219,608	\$263,433	\$518,784	\$33,237	\$541,209	\$16,718
8	Total Nursing Facility Days As Filed Days = 31,945	FY13 Audited C/R Days	31,945		and the second					,		, , , , , , , , , , , , , , , , , , ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,353	FY 18 GL-PL Ins Rpt Days								32,353		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.46	\$57.26	\$0.00	\$16,35	\$15.12	(with L&H)	\$16,24	\$1.03	\$16.94	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1568								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00	\$16.35	\$15.12		\$16.24	\$1.03	\$16.94	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	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	\$106.60	\$49.50	\$0,00	\$16.35	\$15.12		\$16.24	\$1.03	7.84	\$0.52
	Constant Dan Piran Data Orienta Addition										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13,00	\$6,62	\$0,00	\$2.19	\$2.02	\$0.00	60.47	11/4		
16	-	Ln 14 + Ln 15	\$119.60	\$56,12	\$0,00	\$18.54	\$17.14	\$0.00	\$2.17 \$18.41	N/A \$1,03	N/A \$7.84	N/A
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	\$115.00	1.3891	\$0,00	\$10.54	\$17.14	\$0.00	\$10.41	\$1.03	\$7.84	\$0.52
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	-	\$77.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.44	\$77.96	\$0.00	\$18,54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0,52
	Quarterly Per Diem Add-on Amounts				Andrews A							
20		(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			00.41	\$0,00	00.01		30.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi b x Strng Add-on	\$2.34	\$2.34	-							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		****				\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,97	\$2.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$162.41	\$80.83	\$0.00	\$18.76	\$17.55	\$0.00	\$35.88	\$1.03	\$7.84	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.98		<u> </u>	1	I	L	1	<u> </u>		L
	1	•	1	-								

١					Facility	Add-on		Facility	State-	ı
١	Provider:	Eastview Nursing Home		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	wide	ı
١	Prvdr ID:	00140885A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,4001	1,3617	
-		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	52.6%	5.5%	Quarterly Medicaid CMI:	1.6817	1.4820	ı
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.07	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1,7139	1.4569	
-										1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			а	barray	C	<b>d</b>		.68638 <b>f</b> 58663	g	g	h	jega, i
c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,423,853	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$82,488)	\$0	\$0	\$0	\$0	\$0	(\$83,339)		(\$26,557)	\$27,408
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,341,365	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$500,084	\$75,881	\$33,826	\$27,408
8	Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days								25,662		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$114.24	\$60.99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17.04	\$2.96	\$1.15	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4001</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$43.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.56	\$0.00	\$12.60	\$18.57		\$17,04	\$2.96	\$1.15	\$0.93
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	\$103.44	\$43.56	\$0.00	\$12.60	\$18,57		\$17.04	\$2.96	7.78	\$0.93
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.26	\$5.82	\$0.00	\$1.68	\$2.48	\$0.00	\$2,28	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115,70	\$49,38	\$0.00	\$14.28	<b>\$</b> 21.05	\$0.00	\$19.32	\$2.96	\$7.78	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.7139								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$150,95	\$84,63	\$0,00	\$14.28	\$21.05	\$0.00	\$19.32	\$2.96	\$7.78	\$0.93
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.65	\$4,65			,,				, ,,,==	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.82	\$7,72	\$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	\$176.77	\$92.35	\$0.00	\$14.50	\$21.46	\$0.00	\$36.79	\$2.96	\$7.78	\$0,93
					l	ł		·	1	11		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$119.75

Pi	rovider.	Eatonton Health & Rehabilition Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
P	rvdr ID:	00223473A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3434	1.3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qldy BIMS score	41.4%	2.5%	Quarterly Medicaid CMI:	1,5513	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%	Qrtdy Mcaid CMI w RUG Wght Options:	1,5774	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
1000			a	b	С	000000 <b>d</b> 000000	6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	10316 <b>1</b> 43743	g	g	ាក់ក្រុស្តី <b>ក្</b> គុំក្រុងក្រុមប៉ុន្តា	122112 <b>1</b> 34250
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											4174
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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-Pi, Rpt	\$4,078,892	\$2,283,700	\$0	\$430,471	\$226,312	\$291,229	\$524,326	\$100,611	\$222,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,281)	(\$1,926)	\$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)		(\$13,040)	\$16,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,065,611	\$2,281,774	\$0	\$428,659	\$227,769	\$293,105	\$508,023	\$100,611	\$209,203	\$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	28,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days								28,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17,65	\$3,59	\$7.27	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3434								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$59.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18,09		\$17.65	\$3.59	\$7.27	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20,56	\$0,00	N/A	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76	\$0,57
											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	244.55	67.00		24.00	00.40	40.00			hara	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Giwan Anwric 76	\$14,66	\$7.89	\$0.00	\$1,99	\$2.42	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$137.22	\$66.90	\$0.00	\$16,88	\$20,51	\$0,00	\$20,01	\$3,59	\$8.76	\$0,57
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5774								
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 18, AllOthr = Ln 16	#47E 0E	\$105,53		040.00	200.54	20.00	200.04	20.50	20.70	20.57
19	Quarterly Medicaid CMA Allowed Per Diem	RS = L7 18, A(O(III = L7 16	\$175.85	\$105.53	\$0.00	\$16.88	\$20.51	\$0.00	\$20.01	\$3,59	\$8,76	\$0,57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$2,64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-อก	\$3.17	\$3.17					İ			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$24.44	\$6,34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.29	\$111.87	\$0.00	\$17.10	\$20.92	\$0.00	\$37.48	\$3.59	\$8.76	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.39							·		

- 1	Provider: Effingham Extended Care Facility Prodr ID: 00140907A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; httly BIMS score	Facility Score N/A 31.5% 4.99	Add-on Percent 13.37% 2.5% 3.0%	-	Quarterly l	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2538 1.2543 1.2731	State- wide 1.3617 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
	ASSE MAY DAGED DATE ON OUR ATIONS		a	fragulás <b>b</b> asagaga	A WINCOME	d	(*************************************	188975 <b>f</b> (1994)	g is	g	teritore (hrito, algor	
-	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		į	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,499,706	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									
1.	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a		2424.00			*** ***			36,424		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47,53	\$2.93	\$10.54	\$0.70
11	Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ռում 4 գահ 61 P 1 12 Լո 9 / Ln 10		<u>1.2538</u> \$81,30								
12	Net Per Diems after Case Mix Adjstrat to Routine Saves	RS = Ln 11. AllOthr = Ln 9		\$81,30	\$0.00	\$32.64	\$29.73		\$47,53	\$2.93	\$10.54	\$0,70
13	Per Dierm Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$61.50 \$71.51	\$0.00	\$32.64	\$29,73		\$47,53	\$0.00	\$10.54 N/A	\$0.70
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$158.28	\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$2.93	10.34	\$0.70
''			<b>\$130.20</b>	\$71.51	\$0.00	\$25.10	\$2,0,05		<b>V2.0.50</b>	\$2.00	(FRV)	\$0.70
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A		
16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.58	\$81,07	\$0.00	\$33.05	\$26,18	\$0.00	\$2,75	\$2.93	N/A \$10.34	N/A \$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$177.50	1.2731	\$0,00	300,00	\$20.10	\$0.00	\$25.51	\$2.50	\$10.54	\$0.76
18	Qridy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103,21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.72	\$103.21	\$0.00	\$33.05	\$26,18	\$0,00	\$23.31	\$2.93	\$10.34	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,00	\$0,00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.10	\$3.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.68	\$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	\$222,50	\$108,89	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$2.93	\$10.34	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.05					·				

1	rovider: Elberta Health Care rvdr ID: 00140918A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: httly BIMS score	48.8%	Add-on Percent 13,37% 5,5% 2,0%			d Overall CMI; Medicaid CMI;		Facility <u>Specific</u> 1.4655 1.7718 1.8070	State- wide 1.3617 1.4820 1.4569
Line	Description	Sources / Calculations	Totats	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		i de la compa	alerti briven	C	d	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ger (Kafagiligi)	gaine 	g g	<b>h</b>	e eggalitegá
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,760,007	\$1,467,566	\$0	\$301,748	\$199,497	\$174,194	\$529,293	\$54,433	\$33,276	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$55,354)	\$0	\$0	\$0	\$889	\$777	(\$57,169)		(\$20,231)	\$20,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,704,653	\$1,467,566	\$0	\$301,748	\$200,386	\$174,971	\$472,124	\$54,433	\$13,045	\$20,380
8	Total Nursing Facility Days As Filed Days = 22,398	FY12 Audiled C/R Days	22,398									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,467	FY 18 GL-PL Ins Rpt Days								20,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$120,98	\$65.52	\$0,00	\$13.47	\$16.76	(with L&H)	\$21.08	\$2.66	\$0.58	\$0,91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4655</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$13,47	\$16.76		\$21.08	\$2.66	\$0.58	\$0.91
13	Per Diem Standards (After Statewide CMA for Routine Stres)	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	\$107.04	\$44.71	\$0,00	\$13.47	\$16.76		\$20.56	\$2,66	7,97	\$0,91
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.77	\$5.98	\$0.00	\$1.80	\$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	\$119.81	\$50.69	\$0.00	\$15.27	\$19.00	\$0.00	\$23.31	\$2.66	\$7.97	\$0.91
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,8070					.=			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.72	\$91.60	\$0.00	\$15,27	\$19.00	\$0.00	\$23.31	\$2.66	\$7.97	\$0.91
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$4.40	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		80.00	
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16 \$5.04	-	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	,	En 19 Col b x Sting Add-on		\$5.04								
44	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Con Dix String Add-011	\$1.83	\$1.83				1				

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

\$17.10

\$25.13

\$185.85

\$126.56

\$7.40

\$99.00

\$0,00

\$0.00

\$0.22

\$15.49

\$0.41

\$19.41

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$0,00

\$7.97

\$0,00

\$0.91

\$17,10

\$17.10

\$40.41

\$0.00

\$2.66

\$0.00

\$0.00

	Provider: Emanuel Medical Center Nursing Home Prydr ID: 00140929A		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (	CMI) Data d Overall CMi:		Facility Specific 1,1993	State- wide 1.3617
,	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		Itrly BIMS score	29.7%	1.0% 3.0%	Qrlrly Mcaid	Quarterly	Medicaid CMI: Wght Options:		1.2598 1.2819	1.4820 1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			2 a	高级服 <b>b</b> 公司的	C	d	e	26586 <b>1</b> 0536	g	g	h	ì
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$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	\$3,357,875	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$47,935)	\$0	\$0	\$0	\$0	\$0	(\$47,935)		(\$9,028)	\$9,02
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,309,940	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$622,711	\$7,025	\$151,077	\$9,02
8	Total Nursing Facility Days As Filed Days = 17,530	FY12 Audited C/R Days	17,530									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,600	FY 18 GL-PL Ins Rpt Days								17,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188,83	\$85,77	\$0.00	\$30.24	\$27.76	(with L&H)	\$35,52	\$0,40	\$8.62	\$0.5
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1993</u>				•				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	Ì	\$71.52	\$0.00	\$30.24	\$27.76		\$35,52	\$0,40	\$8.62	\$0.5
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	\$157.72	\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.40	12.49	\$0.5
	Quarterly Per Diem Rate Prior to Add-ons						***				(FRV)	
15		Ln 14 x Greth Allenc %	\$19.30	\$9.56	\$0,00	\$3.90	\$3.09	\$0.00	\$2,75	N/A	N/A	N/A
16	<u> </u>	Ln 14 + Ln 15	\$177.02	\$81.07	\$0,00	\$33,05	\$26.18	\$0.00	\$23.31	\$0.40	\$12,49	\$0.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2819								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103,92								
19	Quartedy Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.87	\$103.92	\$0.00	\$33.05	\$26.18	\$0.00	\$23,31	\$0.40	\$12.49	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	1	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04			***************************************					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	£n 19 Col b x Stfng Add-on	\$3.12	\$3.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10				***************************************		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.26	\$4.16	\$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	\$221.13	\$108.08	\$0.00	\$33,05	\$26.18	\$0.00	\$40.41	\$0.40	\$12.49	\$0.52
			F		į.	I	1	l .	1	1	1	

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$153.02

Facility

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

Facility

Add-on

	rovider. Etowah Landing Care and Rehab	_	Add-on Data and	Percentages	Score	Percent	Cas	e Mix Index (0	CMI) Data		Specific	wide_
F	Prvdr ID: 00142766A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: ltrly BIMS score luality Incentive:	27.7%	13.37% 1,0% 2,0%	Ortrly Moaid		d Overall CMI; Medicaid CMI; Wght Options;		1.3514 1.5730 1.6022	1,3617 1,4820 1,4569
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			i 1900 a 1998	agraph by a contract of the co	C	d ::::::		f	g	g	god (190 <b>h</b> er sed ge	vijasti saj
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits								_			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$4,805,075	\$2,164,497	so	\$420,759	\$190,299	\$355,916	\$1,194,941	\$39,577	\$439,086	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,621)	(\$77,951)	\$0	(\$2,040)	\$1,774	(\$18,703)	(\$335,216)		(\$35,715)	\$27,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,454	\$2,086,546	\$0	\$418,719	\$192,073	\$337,213	\$859,725	\$39,577	\$403,371	\$27,230
8	Total Nursing Facility Days As Filed Days = 32,895	FY12 Audited C/R Days	32,939				,	,	, , , , , , , , , , , , , , , , , , , ,	,,		12.,223
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days	·							24,674		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.91	\$63,35	\$0.00	\$12.71	\$16.07	(with L&H)	\$26.10	\$1.60	\$12.25	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.3514</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$46.88	\$0.00	\$12.71	\$16,07		\$26.10	\$1.60	\$12,25	\$0,83
13	Per Diem Standards (After Statewide CMA for Routine Strucs)	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	\$106.65	\$46.88	\$0.00	\$12.71	\$16.07		\$20.56	\$1.60	8.00	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.87	\$6.27	\$0.00	\$1.70	\$2.15	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + £n 15	\$119.52	\$53,15	\$0.00	\$14.41	\$18,22	\$0.00	\$23,31	\$1.60	\$8.00	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.6022						,		*****
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	l,n 16 x l,n 17		\$85.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.53	\$85.16	\$0.00	\$14.41	\$18.22	\$0,00	\$23.31	\$1.60	\$8.00	\$0.83
	Ouadadu Bas Bian Add as Assault											
20	Quarterly Per Diem Add-on Amounts  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	\$0.85	\$0.85	\$0.00	90.22	90.41	30.00	30.00		\$U.UU	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$1.70	\$1.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ţ <b>.</b>					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.81	\$3,08	\$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	\$172.34	\$88.24	\$0.00	\$14.63	\$18,63	\$0.00	\$40.41	\$1.60	\$8,00	\$0.83
26	Quarterly Per Diem Pete for Ped Held and Leave Dave	(Ln 25 - Ln 23) * 0.75				L		l	1	<u> </u>		
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(0123-0123) 0.75	\$116.43									

1				Facility	Add-on		Facility	State-
Provider:	Evergreen Health and Rehab		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	wide
Prvdr ID;	835154999A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4147	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	89.6%	5.5%	Quarterly Medicaid CMI:	1,7055	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	4.02	3.0%	Ortrly Moaid CMI w RUG Wight Options;	1.7367	1,4569
1								

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	e e de de de de	: e ::::::::::::::::::::::::::::::::::	f	9	g	n in the second	dyrii i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	#N/A	\$2,247,569	so	\$452,219	\$389,276	enan ara	\$705,784	44,174	e504.055	•
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	#N/A (\$54,426)	(\$2,064)	\$0 \$0	(\$8,678)	\$389,276	\$212,958 (\$5,832)	(\$42,622)	#N/A	\$531,055 (\$23,120)	\$0 \$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	#N/A	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208	02/2 (0/222			4001,001	1201,120	4000,102		4007,000	420,010
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days	,							#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0,80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4147				-				
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18,58		\$20.59	\$1.46	\$15.77	\$0.80
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 En 12 or Ln 13	\$111.30	\$49.28	\$0,00	\$13.77	\$18.58		\$20.56	\$1.46	6,85	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$13.66	\$6,59	\$0,00	\$1.84	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.96	\$55.87	\$0.00	\$15.61	\$21.06	\$0.00	\$23,31	\$1.46	\$6.85	\$0.80
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.7367								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOihr = Ln 16	\$166,12	\$97.03	\$0.00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0,80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Cal b x CPS Add-on	\$5.34	\$5.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.51	\$8.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.63	\$105.81	\$0.00	\$15,83	\$21.47	\$0.00	\$40.41	\$1.46	\$6,85	\$0,80
						•		·	<del></del>			<b>L</b>

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$131.65

P	rovider:	Evergreen Health and Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
P	rvdr ID:	835154999A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4147	1.3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	89.6%	5.5%	Quarterly Medicaid CMI:	1.7055	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	4.02	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1,7367	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
1000			a	<b>b</b>	C	d	A. Silipo <b>e</b> Lagrand	39499 <b>f</b> 35500	g	g	o. projekt i kojekt	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				-							
1	Cost Center Peer Groups Type of Facilify within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	#N/A	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	#N/A	\$531,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$54,426)	(\$2,064)	\$0	(\$8,678)	\$2,075	(\$5,832)	(\$42,622)		(\$23,120)	\$25,815
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	#N/A	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	#N/A	\$507,935	\$25,815
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = #N/A	FY 18 GL-PL Ins Rpt Days								#N/A		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20,59	\$1.46	\$15.77	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4147</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 9 / Լո 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80
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 En 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18,58		\$20.56	\$1.46	6.85	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwinc %	\$13,66	\$6,59	\$0,00	\$1.84	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.96	\$55.87	\$0.00	\$15,61	\$21,06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$12 J00	1.7367	00.00	\$10,01	\$2,1,00	00.00	920.01	\$1.40	\$0.00	\$0.00
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97,03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.12	\$97.03	\$0.00	\$15,61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.80
	•								,	,		
l	Quarterly 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)	En 19 Col b x CPS Add-on	\$5.34	\$5.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	***					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.51	\$8.78	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.63	\$105.81	\$0,00	\$15.83	\$21.47	\$0.00	\$40.41	\$1.46	\$6.85	\$0,80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.65									

1	rovider: Fairburn Health Care Center rvdr ID: 00173071A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; Itrly BIMS score	Facility Score N/A 24,4% 2.80	Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2420 1.5751 1.6027	State- wide 1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	040 - <b>b</b> (100	С	d	e	6-14- <b>1</b> -13-13	g	g	ego gara <b>h</b> sebigai d	jisa. Ir
C	ASE MIX BASED RATE CALCULATIONS											
1	Cast Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$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	\$4,376,038	\$2,285,794	\$0	\$431,147	\$269,487	\$315,406	\$762,754	\$131,033	\$180,417	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$192,745)	(\$843)	\$0	\$1,847	\$0	(\$1,191)	(\$199,980)	1 1	(\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0	\$432,994	\$269,487	\$314,215	\$562,774	\$131,033	\$118,863	\$68,976
8	Total Nursing Facility Days As Filed Days = 34,518	FY12 Audited C/R Days	34,518								·	·
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 34,265	FY 18 GL-PL ins Rpt Days								34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$121.21	\$66.20	\$0.00	\$12,54	\$16.91	(with L&H)	\$16.30	\$3.82	\$3,44	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12,54	\$16.91		\$16.30	\$3.82	\$3,44	\$2.00
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	\$113.55	\$53,30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	8.68 (FRV)	\$2.00
4.5	Quarterly Per Diem Rate Prior to Add-ons	En 14 x Grwth Allwnc %	****	<b>47</b>	****							
15 16	Growth Allowards Percentage = 13.37%	Ln 14 + Ln 15	\$13.25 \$126.80	\$7.13 \$60.43	\$0.00 \$0.00	\$1.68	\$2.26 \$19.17	\$0.00	\$2.18	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterfy Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$126.80	1,6027	\$0.00	\$14,22	\$19.17	\$0.00	\$18.48	\$3.82	\$8,68	\$2.00
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96,85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.22	\$96.85	\$0.00	\$14,22	\$19.17	\$0.00	\$18.48	\$3.82	\$8.68	\$2.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$0,97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2,91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.51	\$4.41	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.73	\$101.26	50.00	\$14.44	\$19.58	\$0.00	\$35.95	\$3.82	\$8.68	\$2.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.47									

Provider	Fifth Avenue Health Care		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00140984A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,3973	1.3617
1	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	40.0%	2.5%	Quarterly Medicaid CMI:	1,6196	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.59	3.0%	Qrirly Moaid CMI w RUG Wight Options:	1.6468	1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ACE MAY DACED DATE CALCUL ATIONS		а	eranicas <b>O</b> truggar	c c	ing wide (Fine	::::::::::::::::::::::::::::::::::::::	f	g	g	remijerie <b>h</b> alle egel (	file and the free
_	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts						THE PARTY OF THE P					
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,048,574	\$2,647,153	\$0	\$457,599	\$275,979	\$314,879	\$649,728	\$138,654	\$564,582	\$(
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$37,896)	(\$7,167)	\$0	\$0	\$0	(\$1,149)	(\$38,246)		(\$18,768)	\$27,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,010,678	\$2,639,986	\$0	\$457,599	\$275,979	\$313,730	\$611,482	\$138,654	\$545,814	\$27,434
8	Total Nursing Facility Days As Filed Days = 34,460	FY12 Audited C/R Days	34,460									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days								32,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.64	\$76.61	\$0.00	\$13.28	\$17.11	(with L&H)	\$17.74	\$4.26	\$15,84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3973								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	\$15,84	\$0,80
13	Per Diem Standards (After Statewide CMA for Routine Strocs)	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 ar Ln. 13	\$117.61	\$54.83	\$0.00	\$13,28	\$17.11		\$17.74	\$4.26	9.59	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons				Ì						(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.77	\$7.33	\$0.00	\$1.78	\$2.29	\$0.00	\$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.38	\$62.16	\$0,00	\$15.06	\$19.40	\$0.00	\$20.11	\$4.26	\$9.59	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6468								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.59	\$102.37	\$0.00	\$15,06	\$19.40	\$0.00	\$20.11	\$4.26	\$9.59	\$0,80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07		Ì						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6,16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.85	\$108.53	\$0.00	\$15,28	\$19.81	\$0.00	\$37.58	\$4,26	\$9.59	\$0.80
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26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$134.06

1	Provider: Florence Hand Home		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0		•	Facility Specific	State- wide
l	Prvdr ID: 00207083A Case Mix Per Diem Rate Effectiv MDS & Nurse Hrs Data per Quarter I			owth Allowance: atrly BIMS score auality Incentive:	N/A 19.3% 4.06	13.37% 0.0% 3,0%	Ortrly Moaid		d Overall CMI: Medicaid CMI; Wght Options;		1.1859 1.1679 1.1820	1.3617 1.4820 1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			а	ь	С	d	e /	100 to 10	9	g	h	de de la cara
C	CASE MIX BASED RATE CALCULATIONS											
-							-					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90,0%	85,0%		50.0%			
3	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
1_	Base Period Per Diem Allowed Amounts											
5	,	As Filed FY12 C/R -FY 2018 GL-PL Rp	4,,.	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	1	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)	470.000	(\$32,356)	\$32,356
8		FY12 Audited C/R Days	\$12,685,103	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,125,320	\$70,890	\$1,202,122	\$32,356
ľ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days	49,987							40.700		
9	,	Ln 7/Ln 8 Col a	\$253,78	\$110.69	\$0.00	\$36.26	\$38,19	(with L&H)	\$42.52	49,766	624.05	20.05
10		from 4 qtrs of FY12	3233.76	1.1859	\$0.00	\$30.20	\$30.19	(Man Ford)	342.52	\$1.42	\$24.05	\$0,65
11	·	Ln 9/Ln 10		\$93.34								
12	* ` `	RS = Ln 11, AllOthr = Ln 9		\$93,34	\$0.00	\$36.26	\$38,19		\$42.52	\$1,42	\$24.05	\$0.65
13	•	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	N/A	\$4.05
14		Lesser of Ln 12 or Ln 13	\$160.46	\$71.51	50.00	\$29.15	\$23.09		\$20.56	\$1.42	14.08	\$0,65
	•				12.00	122.10	123.00		123.00	+72	(FRV)	45,05
	Quarterly Per Diem Rate Prior to Add-ons		1									
15		Ln 14 x Grwth Allwric %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$179.76	\$81,07	\$0,00	\$33.05	\$26.18	\$0.00	\$23,31	\$1.42	\$14.08	\$0.65
17		per Current Qtr End Ln 16 x Ln 17		1.1820								
19		RS = Ln 18, AllOthr = Ln 16	\$194,51	\$95.82 \$95.82	\$0,00	\$33.05	\$26.18	50.00	\$23,31	64.40	644.00	60.00
13	,	10 - Lit 10, Allouit - Lit 10	\$194.51	\$95.82	\$U,UU	\$33.05	\$20.18	\$0.00	\$23,31	\$1.42	\$14.08	\$0.65
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ( Stnd - Alwd) x ,75, up to max, or 0}	(see Policy Manual)	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	* * * * * * * * * * * * * * * * * * * *	, , , ,	\$0.00	\$0.00	30,00	\$0.00	\$0.00	\$0.00	\$0,00		\$0.00	
22		Ln 19 Coi b x Stfng Add-on	\$2.87	\$2.87								
23		(Fixed Amount)	\$17.10	\$2.07				4	\$17.10			
24		Sum of Lns 20 thru 23	\$19.97	\$2.87	\$0.00	\$0.00	\$0,00	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25		Ln 19+Ln 24	\$214.48	\$98.69	\$0,00	\$33.05	\$26.18	\$0.00	\$40,41	\$1.42	\$14.08	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$148.04			1		1		t	l	* ***

1	Provider: Folkston Park Care and Rehab Prvdr ID: 00141006A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Dala per Quarter Ending:	4/1/2020		owth Allowance: https://www.score.com/	42.9%	Add-on Percent 13,37% 2.5% 2.0%		Quarterly	CMI) Data d Overell CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.3444 1.4408 1.4654	State- wide 1.3617 1.4820 1.4569
Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a:	<b></b>	С	territa	1 6 7 7 7 <b>6</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	V.S. 100 (100 (100 (100 (100 (100 (100 (100	9	g	<b>h</b>	lgaraga∎aaga
!	CASE MIX BASED RATE CALCULATIONS											
1	1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	3 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,950,013	\$1,887,048	\$0	\$402,098	\$148,179	\$248,504	\$872,198	\$17,564	\$374,422	\$0
6		FY12 C/R Audit Adjstmts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216
7		FY12 Audited C/R	\$3,539,904	\$1,812,999	\$0	\$395,645	\$154,337	\$234,890	\$546,258	\$17,564	\$357,995	\$20,216
8		FY12 Audited C/R Days	28,699									
	Total Nursing Facility Days GL-PL, Ins, Rpt As Filed Days = 27,433	FY 18 GL-PL Ins Rpt Days								27,433		
10		Ln 7 / Ln 8 CoI a from 4 qtrs of FY12	\$123.36	\$63.17	\$0.00	\$13.79	\$13,56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
11		Ln 9/Ln 10		1,3444								
12		RS = Ln 11, AllOthr = Ln 9		\$46.99 \$46.99	\$0.00	\$13,79	\$13.56		\$19.03	\$0.64	640.47	\$0,70
13	,	per Peer Group Limits		\$71.51	\$0.00	\$13.79	\$13.30		\$20.56	\$0.04	\$12,47 N/A	\$0,70
14		Lesser of Ln 12 or Ln 13	\$103.00	\$46.99	\$0.00	\$13.79	\$23.56 \$13.56		\$19.03	\$0.64	8.29	\$0.70
'			7100.00	<b>Q</b> 40.00	\$0.00	4.0.13	\$10.00		010,00	\$0.04	(FRV)	40.10
	Quarterly Per Diem Rate Prior to Add-ons	1 - 44 - 0 - 15 - 18 07	445.47									
16		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$12.47	\$6.28	\$0.00 \$0.00	\$1.84	\$1.81	\$0.00	\$2.54	N/A	N/A	N/A
17	,	per Current Qtr End	\$115.47	\$53.27 1,4654	\$0,00	\$15.63	\$15.37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70
18		Ln 16 x En 17		\$78.06								
19		RS = Ln 18, AllOthr = Ln 16	\$140.26	\$78.06	\$0.00	\$15.63	\$15,37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.95	\$1,95	12.00		<b>53.41</b>	72.00			53.00	
22		Ln 19 Col b x Sting Add-on	\$1.56	\$1,56								
23	3 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	4 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4,04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	5 Quarterly Case Mix Based Per Diem Rate	Lsi 19 + Ln 24	\$162.40	\$82.10	\$0.00	\$15.85	\$15.78	\$0.00	\$39.04	\$0.64	\$8.29	\$0.70
26	6 Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$108.98		1				1			
<u> </u>				ł								

i	Provider: Fort Gaines Healthcare, LLC Prydr ID: 00140599A		Add-on Data and	Percentages	Facility <u>Score</u> N/A	Add-on Percent 13.37%	Cas	e Mix Index ((	CMI) Data		Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		lrly BIMS score	50.0%	5.5% 3.0%	Qrtrly Mcaid	Quarterly !	Medicaid CMI: Wght Options:		1,4652 1,7447 1,7775	1.3617 1.4820 1.4569
Line	December	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			8	vijelišti <b>b</b> (librija)	С	7,500 <b>d</b> 3,550	ė	18894 <b>1</b> 8999	g	g	ili ili ili ili ili ili ili ili ili ili	1979 ( <b>1</b> 74)
9	CASE MIX BASED RATE CALCULATIONS											
1	i Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$2,803,512	\$1,241,089	\$0	\$300,008	\$170,994	\$176,340	\$443,880	\$17,360	\$453,841	\$0
6		FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,688)	\$37,286
7	,	FY12 Audited C/R	\$2,647,210	\$1,150,534	\$0	\$292,838	\$166,542	\$184,736	\$410,761	\$17,360	\$387,153	\$37,286
8		FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,990	FY 18 GL-PL Ins Rpt Days								18,990		
9		t.n 7 / Ln 8 Col a	\$128.34	\$55.75	\$0.00	\$14,19	\$17.02	(with L&H)	\$19.90	\$0.91	\$18,76	\$1,81
10		from 4 qtrs of FY12		<u>1,4652</u>								
11	· · · · · · · · · · · · · · · · · · ·	Ln 9 / Ln 10		\$38,05	***		****					
12 13		RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$38.05	\$0,00	\$14,19	\$17.02		\$19.90	\$0.91	\$18,76	\$1.81
14	,	Lesser of Ln 12 or Ln 13	\$110.87	\$71.51 \$38.05	\$0.00 \$0.00	\$18.41 \$14.19	\$23.09		\$20.56 \$19.90	\$0.00	N/A	***
'~	Dase Feriod Case Mix Adjusted Ailowed Fer Diem	Cesser of Lis 12 of Lif 13	\$110.87	\$38.05	\$0,00	\$14.19	\$17.02		\$19.90	\$0.91	18,99 (FRV)	\$1.81
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc %	\$11.93	\$5.09	\$0.00	\$1.90	\$2.28	\$0.00	\$2.66	N/A	N/A	N/A
16 17		Ln 14 + Ln 15 per Current Qir End	\$122.80	\$43,14	\$0,00	\$16.09	\$19.30	\$0.00	\$22,56	\$0,91	\$18.99	\$1.81
18		En 16 x Ln 17		<u>1.7775</u> \$76,68								
19	, , , , , , , , , , , , , , , , , , , ,	RS = Ln 18, AilOthr = Ln 16	\$156,34	\$76,68	\$0,00	\$16,09	\$19.30	\$0.00	\$22.56	\$0.91	\$18,99	\$1.81
	Quarterly Per Diem Add-on Amounts								-			
20		(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$4.22	\$4,22	4.0.00	40.22	\$5.41	\$5.00	40,01		50.00	
22		Ln 19 Col b x Sifng Add-on	\$2.30	\$2.30								
23		(Fixed Amount)	\$17.10						\$17.10			
24	4 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,15	\$7.05	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	5 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.49	\$83.73	\$0.00	\$16.31	\$19.71	\$0.00	\$40.03	\$0.91	\$18.99	\$1.81
26	6 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.29			<u> </u>			<b></b>	1		
L	1		1									

Facility Add-on Facility State-Provider: Fort Valley Nursing Ctr. Percent Add-on Data and Percentages Score Case Mix Index (CMI) Data Specific \_\_wide\_\_ Prvdr ID; 00141028A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.5800 1,3617 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 4/1/2020 50,0% 5,5% Quarterly Medicald CMI; 1.7424 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.0% Ortrly Moaid CMI w RUG Wight Options: 2.66 1.7766 1,4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a	b	С	d d		ndekêê <b>f</b> ilêdeye.	g	g	<u> a contrata de la contrata del contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata de la contrata de la contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del contrata del contrata del contrata del contrata del contrata del contrata del cont</u>	egist <b>i</b> 950g
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,307,173	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$180,708)	(\$115,773)	I	\$1,927	\$140	\$4,328	(\$31,738)	1 1	(\$70,637)	\$31,045
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	\$0	\$321,591	\$186,082	\$195,553	\$506,549	\$21,740	\$418,492	\$31,045
8	Total Nursing Facility Days As Filed Days = 25,374	FY12 Audited C/R Days	25,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL ins Rpt Days								23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln B Col a	\$123.27	\$56.96	\$0.00	\$12,67	\$15.04	(with L&H)	\$19.96	\$0.93	\$16,49	\$1,22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5800</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	\$16.49	\$1.22
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	\$93.94	\$36.05	\$0.00	\$12,67	\$15.04		\$19.96	\$0.93	8.07	\$1,22
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$11.19	\$4.82	\$0.00	\$1.69	\$2.01	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$105.13	\$40.87	\$0.00	\$14,36	\$17.05	\$0.00	\$22.63	\$0.93	\$8.07	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7766								
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72,61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.87	\$72.61	\$0.00	\$14.36	\$17.05	\$0.00	\$22,63	\$0,93	\$8.07	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0,37		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.99	\$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srycs)	Ln 19 Col b x Stfng Add-on	\$1.45	\$1.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.07	\$5.97	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.94	\$78,58	\$0,00	\$14.58	\$17.46	\$0.00	\$40.10	\$0.93	\$8.07	\$1,22
-					L	L		L	L	I		L

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$107.88

Provider: Four County Health Care Center Prvdr ID: 00405292A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Deta	and Percentages Growth Allowance; Qtry BIMS score lay/Quality Incentive;	Facility Score N/A 29,7% 3,07	Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1,4294 1,4868 1,5117	State- wide 1.3617 1.4820 1.4569
Line	Sources . Calculation	, in the school of the entry of the control of the projection of the control of	Routine Services	Special Services c	Dietary d	Laundry & Houskprig e	Plant Operatns & Maint f	Admin and General 9	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance i

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			а	the second by the second	ing comm	ď	e	7527 <b>1</b> 7325	g	g	Agalagij <b>h</b> —	garatina n
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.6% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,426,946	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8	Total Nursing Facility Days As Filed Days = 26,251	FY12 Audited C/R Days	26,251								!	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992	FY 18 GL-PL Ins Rpt Days								27,992		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$129.71	\$65,92	\$0,00	\$14.42	\$16.19	(with L&H)	\$16.78	\$2,91	\$11.99	\$1.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4294								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12							1	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1,50
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	\$107.61	\$46.12	\$0.00	\$14.42	\$16,19		\$16.78	\$2.91	9.69	\$1.50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.50	\$6.17	\$0.00	\$1.93	\$2.16	\$0.00	\$2,24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.11	\$52.29	\$0.00	\$16,35	\$18.35	\$0.00	\$19.02	\$2.91	\$9,69	\$1,50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5117</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.05							1	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOihr = Ln 16	\$146.87	\$79.05	\$0.00	\$16.35	\$18.35	\$0.00	\$19.02	\$2.91	\$9.69	\$1,50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0,79							1	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$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	\$168.66	\$82.74	\$0.00	\$16.57	\$18.76	\$0.00	\$36.49	\$2.91	\$9.69	\$1.50
					ł		<u> </u>	l	L	1	<u> </u>	<u> </u>

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$113.67

Provider: Fox Glove Court Care and Rehab Prvdr ID: 00143074A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add-on Data and Percentages Growth Allowance: 4/1/2020 Qtrly BIMS score 12/31/19 Nurse Hours per On-Site Day/Quality Incentive:			47.1%	Add-on         Case Mix Index (CMI) Data           13.37%         Base Period Overall CMI:           5.5%         Quarterly Medicaid CMI:           3.0%         Qrtrly Meaid CMI w RUG Wght Options:			Facility <u>Specific.</u> 1.5814 1.5320 1.5602	State- wide 1.3617 1.4820 1.4569		
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
		i ye e <b>a</b> (6)	. b	C	d d	e ili ili i		g	inijiji <b>g</b> retjar.		Jana (S <mark>.)</mark> Tangsan
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,6% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base Perfod Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)  6 Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rp FY12 C/R Audit Adistmts	40,020,011	\$2,738,111	\$0 \$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$477,587) \$5,550,790	(\$176,249) \$2,561,862	\$0 \$0	(\$19,614) \$488,547	(\$353) \$213,494	(\$22,839) \$357,355	(\$257,168) \$1,091,645	\$322,292	(\$47,242) \$469,717	\$45,878 \$45,878
8 Total Nursing Facility Days As Filed Days = 36,744	FY12 Audited C/R Days	36,724	42,001,002	45	4100,011	<b>42.</b> (0,404	4007,000	\$1,007,010	4022,202	Q-100,1 11	Ç40,010
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days								35,957		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0,00	\$13,30	\$15.54	(with L&H)	\$29.73	\$8.96	\$12.79	\$1.25
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5814</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44,11								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.11	\$0.00	\$13,30	\$15,54		\$29.73	\$8.96	\$12.79	\$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	\$111.63	\$44.11	\$0,00	\$13,30	\$15.54		\$20.56	\$8.96	7.91	\$1.25
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.51	\$5.90	\$0,00	\$1,78	\$2.08	\$0.00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.14	\$50.01	\$0.00	\$15.08	\$17.62	\$0.00	\$23.31	\$8,96	\$7,91	\$1.25
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5602</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Łn 17		\$78.03								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.16	\$78.03	\$0.00	\$15.08	\$17.62	\$0.00	\$23,31	\$8,96	\$7.91	\$1.25
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stad - 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.29	\$4.29			,,,,,				- 3.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.89	\$7.16	\$0,00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.05	\$85,19	\$0.00	\$15.30	\$18.03	\$0.00	\$40.41	\$8.96	\$7.91	\$1.25
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.96			,	· · · · · · · · · · · · · · · · · · ·					

Provide Prvdr II	•	Add-on Data and Percentages Score  Growth Allowance: N/A  Qtrly BIMS score 44.2% arter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.90		44.2%	Add-on Percent 13,37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2454 1.6394 1.6701	State- wide 1,3617 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
			ili a a minu	b	С	d	• • • • • • • • • • • • • • • • • • •	:::::::: <b>f</b> ::::::::::::::::::::::::::::	g	g	h	5.5.5. <b>1</b> .5.5.
CASE	MIX BASED RATE CALCULATIONS											
	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	er Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,6% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	e Period Per Diem Allowed Amounts											
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,733,356	\$2,028,953	\$0	\$411,774	\$326,352	\$324,682	\$528,176	\$98,067	\$15,352	so so
6 At	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7 C	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,693,215	\$2,022,664	\$0	\$411,774	\$326,352	\$323,521	\$488,652	\$98,067	\$7,368	\$14,817
8	Total Nursing Facility Days As Filed Days = 28,995	FY12 Audited C/R Days	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,896	FY 18 GL-PL Ins Rpt Days								28,896		
9 No	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.37	\$69.76	\$0.00	\$14.20	\$22.41	(with L&H)	\$16,85	\$3.39	\$0.25	\$0.51
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2454								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.01								
12 No	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$56.01	\$0.00	\$14.20	\$22,41		\$16.85	\$3.39	\$0.25	\$0.5°
13 Pe	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	1	\$20.56	\$0.00	N/A	
14 Ba	ase Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.06	\$56,01	\$0,00	\$14.20	\$22.41		\$16.85	\$3.39	7.69	\$0.51
Qua	uterly Per Diem Rate Prior to Add-ons										(FRV)	
{	rowth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.64	\$7,49	\$0,00	\$1,90	\$3.00	\$0.00	\$2.25	N/A	N/A	N/A
1	MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.70	\$63.50	\$0.00	\$16.10	\$25,41	\$0,00	\$19,10	\$3,39	\$7.69	\$0.51
- {	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6701								
1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.05								
19 Q:	uarterly Medicaid CMA Allowed Per Diem	RS = 1,n 18, AllOthr = 1,n 16	\$178.25	\$106.05	\$0.00	\$16.10	\$25.41	\$0,00	\$19.10	\$3.39	\$7.69	\$0.51
Qua	ırteriy Per Diem Add-on Amounts							***************************************	A. S. S. S. S. S. S. S. S. S. S. S. S. S.			
- 1	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
1	MS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Cot b x CPS Add-on	\$2.65	\$2.65								
22 No	urse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,18	\$3.18								

23

24

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

\$17.10

\$24.46

\$202.71

\$139.21

\$6.36

\$112.41

\$0.00

\$0.00

\$0.22

\$16.32

\$0,41

\$25.82

\$0,00

\$0.00

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$0.00

\$7.69

\$0.00

\$0.51

\$17.10

\$17.47

\$36.57

\$0.00

\$3.39

F	Provider:	Gateway Health and Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
1	Prvdr ID:	00140786A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1,3591	1,3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	26.7%	1.0%	Quarterly Medicaid CMI:	1,4995	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.08	3.0%	Ortrly Meald CMI w RUG Wight Options:	1,5269	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	Ъ	С	d		2000 <b>1</b> (2000)	g	g	etilleet <b>h</b> espets	1000 p 10
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,672,213	\$1,449,766	so.	\$295,579	\$197,632	\$192,022	\$456,762	\$67,243	\$13,209	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122)		(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.97	\$71.50	\$0,00	\$14.62	\$19.27	(with L&H)	\$21,30	\$3,38	\$0.25	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3591</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0,00	\$14.62	\$19.27		\$21,30	\$3.38	\$0.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Strucs)	per Peer Group Limits		\$71.5 <del>1</del>	\$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	\$117.71	\$52,61	\$0.00	\$14.62	\$19.27		\$20,56	\$3.38	6.62	\$0.65
	Cuantadu Das Diana Bata Dalanta Add ana										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.31	\$7.03	\$0.00	\$1,95	\$2.58	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.02	\$59.64	\$0.00	\$1,53	\$21.85	\$0.00	\$23.31	\$3.38	\$6.62	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	¥102.02	1.5269	\$0.00	\$10.51	\$2,1,00	30.00	923.31	\$3.30	\$0.02	\$0,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$91.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.44	\$91.06	\$0.00	\$16.57	\$21,85	\$0,00	\$23.31	\$3.38	\$6,62	\$0,65
	Constants Par Blass Add as Assessed											
20	Quarterly Per Diem Add-on Amounts  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 Coi b x CPS Add-on	\$0.91	\$0,91	\$0.00	\$0.22	\$0.41	30,00	30.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stress)	Lo 19 Col b x Sting Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	₩2.1 G					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.90	\$4,17	\$0,00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.34	\$95.23	\$0.00	\$16.79	\$22,26	\$0.00	\$40.41	\$3,38	\$6,62	\$0.65
-				4.5.12.0			4	45,50	4.10.41	75.50	<b>43.02</b>	40.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.18									

State-

Facility

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

Facility

Add-on

	ovider: Gibson Health & Rehabilitation Center  vdr ID: 00141116A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; ltrly BIMS score		13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	1.3210 1.4998 1.5261	1.3617 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
			а	b	c	d	е	f	g	g	The house	
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS	•										
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$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	\$4,366,989	\$2,406,999	\$0	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0	\$461,945	\$256,410	\$294,714	\$559,384	\$99,223	\$243,906	\$25,909
8	Total Nursing Facility Days As Fited Days = 33,226	FY12 Audited C/R Days	33,226									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,654	FY 18 GL-PL ins Rpt Days								30,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$131.13	\$72.44	\$0.00	\$13.90	\$16.59	(with L&H)	\$16.84	\$3.24	\$7.34	\$0,78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3210</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0,00	\$13,90	\$16.59		\$16.84	\$3,24	\$7.34	\$0.78
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	\$115,69	\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3.24	9.50 (FRV)	\$0.78
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$13,66	\$7,33	\$0.00	\$1.86	\$2.22	\$0.00	\$2.25	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.35	\$62.17	\$0.00	\$1.00	\$18,81	\$0.00	\$19.09	\$3.24	\$9.50	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$125.00	1.5261	40.00	\$15,10	\$10.01	20.00	\$15.05	\$5.24	\$3.50	\$0.70
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$162.06	\$94.88	\$0.00	\$15,76	\$18.81	\$0.00	\$19.09	\$3.24	\$9.50	\$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.85	\$2,85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,85	\$5,75	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.91	\$100.63	\$0.00	\$15.98	\$19,22	\$0,00	\$36,56	\$3.24	\$9.50	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.61									

# Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 31.9% 3.15	Add-on Percent 13,37% 2.5% 2.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.3296 1.3503	State- wide 1,3617 1,4347 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
CASE MIX BASED RATE CALCULATIONS	I	<u>a</u>	b	С	<u>d</u>	ее		<u> </u>	<u>;</u>	<u>h</u>	_ <u>ii</u>
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Alowance)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limi	\$156,56 \$16.07 \$148.62	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$8.60 \$72.96	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$2.22 \$18.79	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$2.78 \$23.56	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$2.47 \$20.97		\$36,35 \$36,35 9,31	,
Quarterly Facility Case Mix Index for Medicaid Residents Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			1.3503 \$98,52			<b>\$20.00</b>		Q20.37	5.03	(FRV Rate)	30.00
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$174.18	\$98.52		\$18.79	\$23,56		\$20.97	\$3.03	\$9.31	\$0.00
BIMS Add-on Per Diem = 2.5% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$2.46 \$1.97 \$17.10 \$21.53	\$2.46 \$1.97					17.1			
Quarterly Case Mix Based Per Diem Rate		\$195.72	\$102.96	,	\$18.79	\$23.56		\$38.07	\$3.03	\$9.31	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$133.96								*****		1 10.00

	Glenn-Mor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		-	Facility Specific	State- wide
PIVOTID; C	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19 Nurse Hours p		owth Allowance: Mrly BIMS score Quality Incentive:	43.9%	13.37% 2.5% 3.0%	Qrtrly Meale	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,4211 1,2062 1,2247	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operators & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Maria barani	C	d	e e	ended for a	g	33. 5 <b>g</b> - 3. 83	ggggades (f. h. j. f. j. j. j. j. j. j. j. j. j. j. j. j. j.	· · · · i
CASE MIX	BASED RATE CALCULATIONS											
1 Cost Cen	ter Peer Groups	(see Policy Manual)		1	1		1	1	1			
	e of Facility within Peer Group	(see roncy manual)		All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
Bed	d Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Grou	up Standards & Efficiency Measure Limits											
2 Peer Gro	oup Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	oup Standards: Multiplier	(see Policy Manual)		100,0%	100.0%	100.0%	100.0%		105.0%			
4 Efficienc	ry Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Peri	od Per Diem Allowed Amounts											
5 As Filed	Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934	\$1,788,739	\$0	\$812,926	\$197,837	\$336,653	\$786,198	\$12,901	\$434,680	\$
6 Audit Ad	justments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,67
7 Cost Cer	nter Costs After Audit Adjustments	FY12 Audited C/R	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,67
8 Total	Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	22,464									
Total	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days								21,314		
9 Net Per	Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.03	\$79.63	\$0.00	\$36,19	\$23.48	(with L&H)	\$34.02	\$0.61	\$18.80	\$0.3
10 Base	Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4211</u>								
11 Routin	ne Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.04								
12 Net Per	Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$56.04	\$0.00	\$36,19	\$23.48		\$34.02	\$0,61	\$18.80	\$0.3
13 Per Dien	n 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 Pe	riod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0,61	10.17	\$0.3
	Ban Diran Bata Dalamia Addama										(FRV)	
1 -	Per Diem Rate Prior to Add-ons Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$17.23	\$7.49	\$0.00	\$3,90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
1	owed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17.23	\$63.53	S0.00	\$3,90	\$3.09	\$0.00	\$2.75	\$0.61	\$10.17	\$0.3
Į	edy Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151.15	1.2247	30.00	\$55.05	<i>\$</i> 20,10	\$0,00	320.31	\$0.01	\$10.17	\$0.5
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.81								
1	y Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.43	\$77.81	\$0.00	\$33.05	\$26,18	\$0.00	\$23.31	\$0.61	\$10.17	\$0.3
										,		
	Per Diem Add-on Amounts											
	y 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	
į.	Id-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.95	\$1,95								
F	taff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
_	Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17,10	6464	40.00	***	***		\$17.10		** ==	
	arterly Per Diem Add-on Amounts		\$21.91	\$4.81	\$0.00	\$0,00	\$0,00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25 Quarterly	Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193,34	\$82,62	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.61	\$10.17	\$0.3
26 Quarterly	Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132,18									

State-

Facility

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

Facility

Add-on

Provide	· · · · · · · · · · · · · · · · · · ·	_	Add-on Data and	Percentages	Score	Percent	Cas	se Mix Index ((	CMI) Data		Specific	wide_
Prvdr ID	o: 00141171A  Case Mix Per Diem Rate Effective Date  MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: htty BIMS score quality Incentive:	23.9%	13.37% 1.0% 2.0%	Qrtrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1,1177 1,5616 1,5912	1.3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Pfant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE	MIX BASED RATE CALCULATIONS		:	b	C		e	Committee of the commit	g	g	Aggarger h garière	process to the
	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	r Group Standards & Efficiency Measure Limits ver Group Standards; Percentile ver Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
1 1	e Period Per Diem Allowed Amounts Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$7,418,732	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
	idit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,096)	\$27,282	\$0	(\$418)		\$155	(\$29,115)		(\$23,365)	\$23,365
	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0		\$342,378	\$393,261	\$907,653	\$90,989	\$608,457	\$23,365
8 -	Total Nursing Facility Days As Filed Days = 39,990	FY12 Audited C/R Days	39,990									1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,858	FY 18 GL-PL Ins Rpt Days								40,858		
9 Ne	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$185.43	\$97.13	\$0.00	\$29.17	\$18,40	(with L&H)	\$22.70	\$2.23	\$15.22	\$0.58
10 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1177								1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$86,90								ł
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0,00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13 Pe	r 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	1
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62	\$0.58
Ouar	rterly Per Diem Rate Prior to Add-ons										(FRV)	l
1 1	owth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$18.67	\$9.56	\$0.00	\$3,90	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
	AA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$169.72	\$81.07	\$0.00	\$33,05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5912	, , , , ,	•		1	1	1	00,22	
i i	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.00								l
	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.65	\$129.00	\$0.00	\$33.05	\$20,86	\$0.00	\$23.31	\$2.23	\$8,62	\$0.58
Quar	rterly Per Diem Add-on Amounts											İ
	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	l
21 BIA	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								l
22 Nu	rise Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.58	\$2.58								
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24 Tot	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.87	\$0.00	\$0,00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quar	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.03	\$132.87	\$0.00	\$33.05	\$21.27	\$0.00	\$40.41	\$2.23	\$8.62	\$0.58

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$166.45

(Ln 25 - Ln 23) \* 0.75

F	Provider:	Glenwood Health and I	Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- <u>wide</u>
F	Prvdr ID:		Case Mix Per Diem Rate Effective Date: S & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Growth Allowance; Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	N/A 36.1% 3.41	13.37% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicald CMI: Qrtrly Moaid CMI w RUG Wght Options:	1,4921 1,4528 1,4771	1.3617 1.4820 1.4569
1000	e ativis a		Burkelin Committee on the second recommendation of	ere a securitar (1865)	rinderna filos caracio Espara de la managario de la		danimon . n	war distribute in the same of the same of	Manager and the second	6.1 5.3 <u>5.5</u> 5.

Line #	Description	Sources / Calculations	Tötals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
10000			a	b	C	d	е	i i i i i i i i i i i i i i i i i i i	in ing	g	h	74 <b>1</b>
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,177	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$629,074)	(\$83,411)	\$0	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$133.95	\$79.75	\$0.00	\$13.15	\$12.90	(with L&H)	\$22,39	\$0.08	\$4.58	\$1,10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4921</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13,15	\$12.90		\$22,39	\$0.08	\$4.58	\$1,10
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	\$108.39	\$53.45	\$0,00	\$13.15	\$12.90		\$20.56	\$0.08	7.15	\$1.10
	Quarterly Per Diem Rate Prior to Add-ons									ĺ	(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Greth Allwas %	\$13,38	\$7.15	\$0,00	\$1,76	\$1.72	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.77	\$60,60	\$0.00	\$1,70	\$14,62	\$0.00	\$2,75	\$0.08	\$7.15	\$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	V121.77	1.4771	40.00	\$14.51	\$14,02	30.00	\$20.51	\$0.00	\$1,15	\$1.10
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.68	\$89.51	\$0,00	\$14.91	\$14.62	\$0,00	\$23.31	\$0.08	\$7.15	\$1,10
	Considering the Direct Add on Assessment								***************************************			
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see 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	\$1.10	\$2,24	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	₽2.09					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.46	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173,87	\$94.97	\$0.00	\$15.13	\$15,03	\$0.00	\$40.41	\$0.08	\$7.15	\$1.10
				<b>4-11-1</b>			1 71-130	1	7-171	1 40.00	<b>41.10</b>	71.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$117.58									

Provider:	Glenwood Healthca	are		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	701562744A	Case Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,4106	1.3617
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	29.6% 2.62	1.0% 2.0%	Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	1,5168 1,5459	1.4820 1.4569
				Routine	Special		Laundry & Plant Admin A&G. GL.	Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	666 <b>b</b>	С	d	- 11 in e	segell <b>f</b> agese	g	ing g	h iii	0.000
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
***************************************	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,182,871	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,455	\$274,400	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122		(\$4,323)	\$51,247
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,298,917	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$424,577	\$10,455	\$270,077	\$51,247
8	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days								16,109		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4106</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.29	\$0,00	\$14.86	\$15.80		\$24.47	\$0.65	\$15,57	\$2.95
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 ar Ln 13	\$110.96	\$41.29	\$0.00	\$14,86	\$15.80		\$20.56	\$0,65	14.85	\$2.95
	Outstandy Day Diam Bata Brianto Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.37	\$5.52	\$0,00	\$1,99	\$2.11	\$0.00	\$2.75	N/A	<b>.</b>	.,,,
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.37	\$46.81	\$0.00	\$1,99	\$2.11 \$17,91	\$0.00	\$2.75	\$0.65	N/A \$14.85	N/A \$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$12,0,00	1.5459	\$0.00	\$10.00	\$11,51	\$0.00	\$23.31	\$0.05	\$14,60	\$2.95
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AliOthr = Ln 16	\$148.88	\$72.36	\$0.00	\$16.85	\$17.91	\$0,00	\$23,31	\$0.65	\$14.85	\$2.95
	desired, medical entrinores of elem		<b>\$140.00</b>	<b>\$72,00</b>	\$0.00	\$10.00	\$17.91	Ψ0,00	925.51	\$0.00	\$14.00	\$2.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.45	\$1,45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.43	\$2.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.31	\$75.06	\$0.00	\$17.07	\$18.32	\$0.00	\$40.41	\$0.65	\$14.85	\$2,95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.16							1		

				racility	Add-on		Facility	State-
Provider:	Gold City Health and Rehabilitation Ctr		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00142975A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5030	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	32.4%	2.5%	Quarterly Medicaid CMI:	1.5505	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.43	1.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5813	1.4569
						Dlant Admin	Dronorti	Toyer

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	4 E' 1 E 440 O/D E 4 0040 O D D										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,352,187	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$521,161	\$19,687	\$204,149	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,395)	\$0	\$0	\$0	\$0	\$0	(\$72,395)		(\$25,679)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,279,792	\$1,925,940	\$0	\$316,882	\$164,645	\$199,723	\$448,766	\$19,687	\$178,470	\$25,679
8	Total Nursing Facility Days  As Filed Days = 31,811	FY12 Audited C/R Days	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a		000.54			044.45	/ :// 10/10		33,993	<b>\$5.04</b>	00.04
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 gtrs of FY12	\$103.06	\$60.54	\$0.00	\$9.96	\$11.45	(with L&H)	\$14.11	\$0.58	\$5.61	\$0.81
10	Base Period Facility Case Mix Index for All Residents	trom 4 qtrs or FY12 Ln 9 / Ln 10		1.5030								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$40.28			044.45			00.50	<b>\$5.04</b>	00.04
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	\$5.61	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	<b>COT 00</b>	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	<b>©</b> 0.04
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69 (FRV)	\$0.81
4.5	Quarterly Per Diem Rate Prior to Add-ons	La 44 - Oaroth Albora 0/	640.44	<b>#</b> F 00	<b>#0.00</b>	<b>#4.00</b>	<b>C4 50</b>	<b>#0.00</b>	£4.00	N1/A		N1/A
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$10.14	\$5.39	\$0.00	\$1.33	\$1.53	\$0.00	\$1.89	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$96.02	\$45.67	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5813 \$72.22								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$122.57	\$72.22 \$72.22	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
19	Quarterly Per Diem Add-on Amounts	RS = LII 16, AllOlliI = LII 16	\$122.57	\$12.22	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.56	\$6.69	\$0.61
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$1.81	\$0.53 \$1.81	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x Stfng Add-on	\$0.72	\$0.72					1			
23	Nursing Home Provider Fee  Nursing Home Provider Fee	(Fixed Amount)	\$0.72 \$17.10	φυ./2					\$17.10			
23	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$21.16	\$3.06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$143.73	\$75.28	\$0.00	\$11.51	\$13.39	\$0.00 \$0.00	\$33.47	\$0.00 \$0.58	\$8.69	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.73	<b>⊅1</b> 3.20	<b>Φ</b> 0.00	\$11.3T	φ13.39	<b>\$0.00</b>	<b>\$33.47</b>	\$U.36	\$6.09	\$U.01

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rrovider: Gordon Health Care Center rvdr ID: 00202848A  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: httly BIMS score	21.5%	Add-on Percent 13,37% 1,0% 2,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3364 1,4561 1,4820	State- wide 1,3617 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
12.00			a a	<b>b</b>	and Control	d	e	ribrif wir	g	g	Eggistery, <b>h</b> riffedd y	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see fine 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	ALGORITHM - ALGORI	50,0% 105,0% \$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	\$6,100,809	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)	· '	(\$28,457)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,072,938	\$3,284,228	\$0	\$635,668	\$334,242	\$331,994	\$699,580	\$111,666	\$647,103	\$28,457
8	Total Nursing Facility Days As Filed Days = 41,699	FY12 Audited C/R Days	41,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rot Days								40,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$145.75	\$78,76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16.78	\$2.79	\$15.52	\$0,68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3364</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$58.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.94	\$0.00	\$15.24	\$15,98		\$16.78	\$2.79	\$15.52	\$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	\$119.53	\$58.94	\$0.00	\$15,24	\$15.98	N V ALLEMAN AND A STATE OF THE	\$16.78	\$2.79	9.12 (FRV)	\$0,68
	Quarterly Per Diem Rate Prior to Add-ons										11.1.47	
15	Growth Allowance Percentage = 13.37%	Lo 14 x Grwth Allwnc %	\$14.30	\$7.88	\$0.00	\$2.04	\$2.14	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133,83	\$66,82	\$0,00	\$17.28	\$18.12	\$0.00	\$19.02	\$2.79	\$9.12	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4820</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Lл 17		\$99.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.04	\$99.03	\$0.00	\$17.28	\$18.12	\$0.00	\$19.02	\$2.79	\$9,12	\$0.68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.60	\$3,50	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.64	\$102.53	\$0.00	\$17.50	\$18.53	\$0.00	\$36.49	\$2.79	\$9.12	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.91		-				-			

Provider: Grace Health Care of Tucker Prvdr ID: 00083267A  Case Mix Per Diem Rate Effective Date:			owth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas		d Overall CMI;		Facility Specific 1.5096	State- wide 1,3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q	trly BIMS score luality Incentive:	28.7% 2.94	1.0% 2,0%	Qrtrly Mcaid	Quarterly I CMI w RUG \	Medicaid CMI; Wght Options;		1.4957 1.5198	1,4820 1,4569
Line	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		ensivi <b>a</b> depete	ь	· C	d		ingeley <b>f</b> journe	g	ending end	25. Šv. (55.) ( <b>h</b> . 119. 119.) v	gaştira <b>l</b> ,
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rot	\$6,549,909	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)	40.,500	(\$45,919)	\$60,057
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815		\$91,936	\$567,853	\$60,057
8 Total Nursing Facility Days As Filed Days = 43,235	FY12 Audited C/R Days	43,235								·	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150,23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13,13	\$1.39
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.99	\$0,00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
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	\$117,67	\$49.99	\$0.00	\$15.37	\$17.92		\$20.56	\$2.27	10.17 (FRV)	\$1.39
Quarterly Per Diem Rate Prior to Add-ons										, ,	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.88	\$6,68	\$0,00	\$2.05	\$2.40	\$0.00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.55	\$56.67	\$0.00	\$17.42	\$20,32	\$0.00	\$23.31	\$2.27	\$10.17	\$1.39
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	a particular de la constantina della constantina	<u>1.5198</u>								
18	Ln 16 x Ln 17 RS ≕ Ln 18. AllOlhr ≕ Ln 16	*****	\$86.13	60.00	247.42	***	40.00	****			
19 Quarterly Medicaid CMA Allowed Per Diem	AS - Dt 10, AllOttil - Dt 10	\$161.01	\$86.13	\$0.00	\$17.42	\$20.32	\$0.00	\$23.31	\$2.27	\$10,17	\$1.39
Quarterly Per Diem Add-on Amounts			1								
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)	En 19 Col b x CPS Add-on	\$0,86	\$0,86								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.72	\$1.72								
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	\$20,84	\$3,11	\$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	\$181.85	\$89.24	\$0.00	\$17.64	\$20.73	\$0.00	\$40.41	\$2.27	\$10,17	\$1.39
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$123.56									

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

i	Provider. Gracemore Nursing Center Prvdr ID: 00141182A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owih Allowance: htrly BIMS score	37.8%	Add-on Percent 13.37% 2.5% 3.0%	-		d Overail CMI Medicaid CMI		Facility <u>Specific</u> 1.1896 1.3813 1.4025	State- wide 1.3617 1.4820 1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1000			а	(1996) <b>b</b>	С	d	e	1899 (1899)	g	g	h	japan sv.
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manuai)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350	\$1,215,491	so.	\$340,908	\$140.736	\$148.874	\$323,363	\$38,187	\$69,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137	,	(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130,03	\$70.33	\$0.00	\$19.73	\$16.79	(with L&H)	\$16.74	\$2.43	\$2.64	\$1,37
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		1.1896								
11	1	Ln 9/Ln 10		\$59,12							1	
12	1	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16,79		\$16.74	\$2.43	\$2.64	\$1.37
13	,	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09	į	\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.43	\$59.12	\$0,00	\$18.41	\$16.79		\$16.74	\$2.43	7,57	\$1.37
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.84	\$7.90	\$0,00	\$2.46	\$2.24	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.27	\$67.02	\$0.00	\$20,87	\$19.03	\$0.00	\$18.98	\$2.43	\$7.57	\$1,37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4025								
18		Ln 16 x Ln 17		\$94.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$164.25	\$94.00	\$0.00	\$20.87	\$19,03	\$0.00	\$18,98	\$2.43	\$7.57	\$1.37
	Quarterly Per Diem Add-on Amounts											
20	1 -	(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	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.70	\$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	\$187.83	\$99.70	\$0.00	\$20.87	\$19.44	\$0.00	\$36.45	\$2.43	\$7.57	\$1.37
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26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$128.05

(Ln 25 - Ln 23) \* 0.75

	Provider:	Grandview Health Care Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID;	00141226A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI;	1.2061	1,3617
-		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	32.6%	2.5%	Quarterly Medicaid CMI;	1,4753	1,4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.09	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5016	1.4569
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Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			a	<b>b</b>	С	d d	е	<b>.</b>	g	ġ	Beging a <b>h</b> ar jibaya	sp. 5e <b>1</b> 0e6
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,271,753	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)	(\$100,713)		\$10,190	\$36,241
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
8	Total Nursing Facility Days As Filed Days = 21,651	FY12 Audited C/R Days	21,651									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	FY 18 GL-PL Ins Rpt Days								20,923		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3,15	\$9.20	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2061</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64,81	\$0.00	\$19.04	\$18,08		\$19.28	\$3.15	\$9.20	\$1.67
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	\$135,30	\$64.81	\$0.00	\$18,41	\$18.08		\$19,28	\$3.15	9.90	\$1,67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$16.13	\$8,67	\$0.00	\$2.46	\$2,42	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.43	\$73.48	\$0.00	\$20,87	\$20.50	\$0.00	\$21.86	\$3.15	\$9.90	\$1,67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5016								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$110.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.29	\$110.34	\$0.00	\$20,87	\$20.50	\$0.00	\$21.86	\$3.15	\$9.90	\$1.6
	Quarterly 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)	Lп 19 Col b x CPS Add-on	\$2,76	\$2.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-ол	\$3.31	\$3.31					A			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterty Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6,60	\$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	\$212.77	\$116.94	\$0.00	\$20.87	\$20.91	\$0.00	\$39.33	\$3.15	\$9.90	\$1.67
					<del> </del>	1	L		1	L		L

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.75

(Ln 25 - Ln 23) \* 0.75

Provider: Green Acres Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID: 00083014A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,1607	1.3617
Case Mix Per Diem Rate Effective Da	e: 4/1/2020	Qtrly BIMS score	35,7%	2.5%	Quarterly Medicaid CMI:	1,4110	1,4820
MDS & Nurse Hrs Data per Quarter Endir	g: 12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.39	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1,4348	1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1,7.34			8		С	d	e	9946 <b>f</b> 9769	g	g	h	refer i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	:		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$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	\$4,732,591	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)	\$0	\$0	(\$1,736)	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	l,n 7 / l,n 8 Col a	\$138.47	\$71.94	\$0.00	\$14,63	\$16.94	(with L&H)	\$17.34	\$2.82	\$14.05	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1607</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$61,98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2.82	\$14.05	\$0.75
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	\$123.48	\$61,98	\$0,00	\$14.63	\$16.94		\$17.34	\$2.82	9.02	\$0.75
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.83	\$8.29	\$0.00	\$1,96	\$2.26	\$0.00	\$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138,31	\$70.27	\$0.00	\$16,59	\$19.20	\$0.00	\$19.66	\$2.82	\$9.02	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4348	•	•	¥ 1 - 1 - 1 - 1	*****			42.54	4=
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.86	\$100.82	\$0.00	\$16.59	\$19.20	\$0.00	\$19.66	\$2.82	\$9.02	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52	40.00	45	<b>\$</b> 0.41	40.00	40.07		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stres)	Ln 19 Col b x Sting Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	72.54					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.17	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.03	\$105.89	\$0.00	\$16.81	\$19.61	\$0.00	\$37.13	\$2.82	\$9.02	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.20		1				1			,
L	and Leave Days	(6, 20 - 6, 20) 0.70	\$101.20									

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

Provide Prvdr ([		4/1/2020		owth Allowance: httly BIMS score	32.5%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%	•	Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2987 1.3194 1,3397	State- wide 1,3617 1,4820 1,4569
Lîne #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
2000 0000			a a	b.	C	d'		f	g	g	9500000 <b>h</b> 0000 see	<u> 1,55</u> <b>1</b>
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see fine 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	e 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	\$3,236,306	\$1,726,719	\$0	\$362,291	\$192,080	\$227,744	\$421,381	\$60,880	\$245,211	\$0
1 1	rdit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,461)	\$0	so	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
1 1	ost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,222,845	\$1,726,719	\$0	\$360,472	\$192,248	\$227,744	\$407,752	\$60,880	\$233,219	\$13,811
8	Total Nursing Facility Days As Filed Days = 22,060	FY12 Audited C/R Days	22,060									
1 1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
1 1	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19.04	(with L&H)	\$18.48	\$2.88	\$10,57	\$0.63
1 1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2987</u>								
1 1	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$60.27	\$0.00	\$16,34	\$19.04		\$18.48	\$2,88	\$10.57	\$0.63
	er 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 8a	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.71	\$60,27	\$0.00	\$16.34	\$19.04		\$18,48	\$2.88	12.07 (FRV)	\$0.63
Qua	rterly Per Diem Rate Prior to Add-ons										,,	
1 1	owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.26	\$8.06	\$0,00	\$2.18	\$2.55	\$0.00	\$2.47	N/A	N/A	N/A
1 1	#A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.97	\$68.33	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$12.07	\$0.63
1 1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3397								
1 1	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.54								ļ
19 Qu	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.18	\$91,54	\$0,00	\$18.52	\$21.59	\$0,00	\$20,95	\$2.88	\$12.07	\$0.63
Qua	rterly Per Diem Add-on Amounts											
20 Eff	ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 Bil	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22 Nu	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.75	\$2.75								
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.67	<b>\$</b> 5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0,00	\$0.00
25 Quai	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191,85	\$97.11	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$12.07	\$0.63
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.06		-							<u> </u>

Provider Prvdr ID	* * * * * * * * * * * * * * * * * * * *			Percentages owth Allowance: http://doi.org/10.1003/10.0003		Add-on Percent 13.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4525 1.4805	State- wide 1,3617
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/C			2.0%	Ortrly Meald		Wght Options:		1.5073	1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ere ževas			а	<b>b</b> ::::::::::::::::::::::::::::::::::::	С	d	<b>0</b>	in faces	g	g	h	
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Per 3 Per	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier iciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
1 1	e Period Per Diem Allowed Amounts Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$9,066,530	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0
	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)	\$5,52,1	\$2,737	\$0 \$0
1 1	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	1	\$9,921	\$1,181,566	\$0
8 7	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822					•			, , , , ,	
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,727	FY 18 GL-PL Ins Rpt Days								29,727		
9 Nel	l Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$284.65	\$140.44	\$0.00	\$32.68	\$38.62	(with L&H)	\$35.45	\$0,33	\$37.13	\$0.00
10 E	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4525								
11 F	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$96.69								
12 Net	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0,33	\$37.13	\$0.00
13 Per	r 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	
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.30	\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.33	13.66 (FRV)	\$0.00
1 1	terfy Per Diem Rate Prior to Add-ons owth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$19,30	\$9.56	\$0.00	\$3,90	\$3,09	\$0.00	\$2.75	N/A		
	IA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$177.60	\$9.50	\$0.00	\$3,90	\$26.18	\$0.00	\$2.75	\$0.33	N/A \$13,66	N/A \$0,00
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$177.00	1,5073	\$0.00		<i>\$2</i> 0.10	\$0,00	320.01	90.55	\$13,00	20,00
1 1	Orthly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£ភ 16 x Lπ 17		\$122.20					-			
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$218.73	\$122,20	\$0.00	\$33.05	\$26.18	\$0,00	\$23.31	\$0.33	\$13.66	\$0,00
Quar	terly Per Diem Add-on Amounts											
) [	iciency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,00	\$0,00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00		\$0.00	
1 1	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.06	\$3.06			•				- 11	
22 Nur	rse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.44	\$2.44								
23 Nur	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tot	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$5.50	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.33	\$127.70	\$0,00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13,66	\$0.00
26 Quar	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$168.17							,		

Facility Add-on Facility State-Habersham Home Provider: Add-on Data and Percentages Score Percent wide Case Mix Index (CMI) Data Specific 00141292A Prvdr ID: Growth Allowance: N/A 13,37% Base Period Overall CMI; 1.1936 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 51.6% 5.5% Quarterly Medicaid CMI: 1,3266 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,0% Ortrly Moaid CMI w RUG Wight Options: 1.3478 1.4569

L	•	•					<b>,</b>		- 1 5 6			1.1000
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			100 a	<b>b</b>	С	d	yedding <b>e</b> ddegaa	STREET BOOK	g	g	de je je de <b>h</b> defektion	31.50 <b>1</b> -0.55
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$5,494,717	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0,00	\$12.19	\$32.81	(with L&H)	\$18,07	\$2.81	\$16.35	\$0,00
10		from 4 qirs of FY12 En 9/En 10		<u>1.1936</u>								
12	,	RS = Ln 11, AllOthr = Ln 9		\$71.51		***						
13	•	·		\$71.51	\$0,00	\$12.19	\$32.81		\$18.07	\$2.81	\$16.35	\$0,00
14	,	per Peer Group Limits Lesser of Ln. 12 or Ln. 13	\$135.72	\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	
14	base Fellod Case Mix Adjusted Allowed Fet Dietri	Cessel Of Lit 12 Of Lit 13	\$135.72	\$71.51	\$0.00	\$12.19	\$23,09		\$18.07	\$2.81	8,05 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(I-VA)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.70	\$9.56	\$0.00	\$1.63	\$3,09	\$0.00	\$2.42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.42	\$81,07	\$0.00	\$13.82	\$26.18	\$0.00	\$20,49	\$2.81	\$8.05	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1,3478</u>								
18	,	Ln 16 x Ln 17		\$109.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$180.62	\$109.27	\$0,00	\$13,82	\$26.18	\$0.00	\$20,49	\$2.81	\$8.05	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	•	(see Policy Manual)	\$0.59	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.01	\$6,01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.98	\$9.29	\$0,00	\$0.22	\$0.00	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.60	\$118.56	\$0.00	\$14.04	\$26.18	\$0.00	\$37.96	\$2.81	\$8.05	\$0.00
						·			J	<del></del>		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$142.88

(Ln 25 - Ln 23) \* 0.75

	rovider: Haralson Nursing and Rehab Center	Ado	I-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index ((		-	Facility Specific	State- wide
۲	rvdr ID: 00141325A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours per (	Qtr	th Allowance; ly BIMS score ality Incentive:		13.37% 1.0% 2.0%	Ortrly Moaid		d Overall CMI Medicaid CMI Wght Options		1.5429 1.5905 1.6188	1.4014 1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	The property of the control of the c		а	b	C	d	6	j f	g	1	h	i
C	ASE MIX BASED RATE CALCULATIONS								1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 Ali Facilities	1 All Facilities			
	Bed Size Range within Peer Group  Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	so	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	so	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,
8	Total Nursing Facility Days As Filed Days = 19,418	FY14 Audited C/R Days	19,418									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 36,231	FY 18 GL-PL Ins Rpt Days					•			36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.34	\$67.17	\$0.00	\$12,63	\$12.25	(with L&H)	\$26,12	\$5.82	\$19.52	\$0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53	THE PARTY AND PA							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26,12	\$5.82	\$19,52	so
13	Per Diem Standards (After Statewide CMA for Routine Stres)	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	\$107.24	\$43.53	\$0.00	\$12.63	\$12.25		\$24.02	\$5.82	8.16	\$0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$12.36	\$5.82	\$0.00	\$1.69	\$1.64	\$0.00	\$3.21	N/A	N/A	١
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.60	\$49.35	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5.82	\$8.16	şo
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6188								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$79.89				į	Ì			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$150.14	\$79.89	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5,82	\$8.16	\$0
	Quarterly 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 = 2.0% (to Routine Srvcs)	Ln 19 Cat b x Sting Add-an	\$1.60	\$1,60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$20.66	\$2.93	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.80	\$82,82	\$0,00	\$14.54	\$14,30	\$0.00	\$44.33	\$5.82	\$8.16	\$0
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115,28									

1	rovider: Harborview Health Systems of Jesup rvdr ID: 00141611A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance; ltdy BIMS score	Facility Score N/A 21.2% 2.72	Add-on <u>Percent</u> 13.37% 1.0% 3.0%	<del></del>	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4862 1.6409 1.6711	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3/4.5			a	b	e com	i i de de	1000 (e 1000 e	esser <b>f</b> aces	g	∵∵ g ····	h enem	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$4,601,458	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$36,467)	so	\$0	\$0	\$0	\$0	(\$36,467)		(\$31,133)	\$31,133
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,564,991	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$739,896	\$45,181	\$644,224	\$31,133
8	Total Nursing Facility Days As Filed Days = 32,014	FY12 Audited C/R Days	32,014									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,579	FY 18 GL-PL Ins Rpt Days								30,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.66	\$71.11	\$0.00	\$14.35	\$11,52	(with L&H)	\$23.11	\$1.48	\$20.12	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4862								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47,85	\$0.00	\$14.35	\$11,52		\$23.11	\$1.48	\$20,12	\$0.9
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	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	\$103.91	\$47.85	\$0.00	\$14.35	\$11.52		\$20.56	\$1.48	7.18	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$12.61	\$6.40	\$0,00	\$1.92	\$1.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + £n 15	\$116.52	\$54.25	\$0.00	\$16.27	\$13,06	\$0.00	\$23.31	\$1.48	\$7,18	\$0.9
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6711</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152,93	\$90.66	\$0.00	\$16.27	\$13.06	\$0,00	\$23.31	\$1.48	\$7.18	\$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0,91	\$5,00	40.22	\$0.41	\$5,00	0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	722					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$21,89	\$4.16	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.82	\$94.82	\$0.00	\$16.49	\$13.47	\$0.00	\$40.41	\$1.48	\$7.18	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$118.29		l	1		<u> </u>	<b></b>			1

- 1	Provider: Harborview Health Systems - Pierce Prvdr ID: 00142447A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: htdy BIMS score	24.1%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2039 1.6858 1.7172	State- wide 1.3617 1.4820 1.4569
Lin		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			a	155 47 <b>b</b> 4565	С	d.	<u> </u>	f	g	g	h i	Mare <b>f</b> orce
!	CASE MIX BASED RATE CALCULATIONS											
1	1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,088,551	\$3,155,485	\$0	\$784,196	\$36,621	\$528,430	\$1,268,859	\$45,310	\$269,650	\$0
6	•	FY12 C/R Audit Adjstmts	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096
7		FY12 Audited C/R	\$5,932,546	\$2,969,291	\$0	\$840,880	\$67,361	\$541,354	\$1,198,700	\$45,310	\$253,554	\$16,096
8		FY12 Audited C/R Days	26,836									
١.	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days					_			17,258		
9	1	Ln 7 / Ln 8 Col a	\$222.01	\$110.65	\$0,00	\$31.33	\$22.68	(with L&H)	\$44.67	\$2.63	\$9.45	\$0.60
10		from 4 qtrs of FY12 Ln 9 / Ln 10		1.2039								
11		RS = Ln 11, AllOthr = Ln 9		\$91,91	60.00	004.00	***		22	****		
13	·	per Peer Group Limits		\$91,91 \$71,51	\$0.00 \$0.00	\$31.33 \$29.15	\$22.68 \$23.09		\$44.67 \$20.56	\$2.63	\$9.45	\$0.60
12		Lesser of Ln 12 or Ln 13	\$161.74	\$71.51	\$0.00	\$29.15 \$29.15	\$23.09		\$20.56	\$0.00 \$2.63	N/A 14.61	\$0,60
'*	,	ECSSEI VI EII 12 VI EII 13	\$101,74	\$71.51	\$0.00	\$29.15	\$22,00		\$20.56	\$2.03	(FRV)	\$0,00
۱.,	Quarterly Per Diem Rate Prior to Add-ons	t - 44 On ab Bib or		40.50								
15		Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$19.24 \$180.98	\$9,56 \$81,07	\$0.00 \$0.00	\$3,90 \$33,05	\$3.03	\$0,00	\$2.75	N/A	N/A	N/A
17		per Current Qir End	\$100.90	1.7172	\$0.00	\$25,00	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0,60
18		Ln 16 x Ln 17		\$139.21								
15		RS = Ln 18, AllOthr = Ln 16	\$239.12	\$139.21	\$0.00	\$33.05	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0.60
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0,31	\$0,00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.39	\$1.39							•	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$4.18	\$4.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.98	\$5,57	\$0,00	\$0.00	\$0.31	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$262.10	\$144.78	\$0.00	\$33.05	\$26,02	\$0.00	\$40.41	\$2.63	\$14.61	\$0,60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$183.75							*		J
	•		·····									

	Provider:	Harborview Health Systems - Satilla		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
1	Prvdr ID:	00142755A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3231	1,3617
1		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	11.1%	0.0%	Quarterly Medicaid CMI;	1.6101	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.21	3.0%	Ortrly Meald CMI w RUG Wight Options:	1.6382	1.4569
1									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			-jasi asijasi	1920 p. 1 <b>5</b> (1994);	C	d ::::	acres es acres	5999 <b>1</b> 5990	g	g	ga gaharang	teprod <b>i</b> je
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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-Pt, Rpt	\$7,325,269	\$4,064,367	\$0	\$876,299	\$26,317	\$611,920	\$1,498,239	\$47,490	\$200,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	\$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$1,405,562	\$47,490	\$184,520	\$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL Ins Rpt Days	77							22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28.59	\$21.29	(with L&H)	\$42.96	\$2,11	\$5.64	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3231</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87,69	\$0.00	\$28.59	\$21,29		\$42.96	\$2.11	\$5.64	\$0.49
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 En 12 or En 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21,29		\$20.56	\$2.11	11.21	\$0.49
	Overstands Day Diago Date Date and annual		Į.								(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.98	\$9,56	\$0,00	\$3.82	\$2.85	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.74	\$81.07	\$0.00	\$3.02	\$2.03	\$0.00	\$2.73	\$2.11	\$11.21	S0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$114.14	1.6382	\$0.00	\$J2,41	\$24.14	\$0.00	\$20,31	\$2.11	\$11.21	\$0.49
18	Qriffy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.48	\$132.81	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11,21	\$0.49
"	Control of the Control of the Control		\$220.40	\$102.01	\$0,00	302.41	324.14	\$0,00	\$20.01	\$2.11	\$11,21	50.49
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	į							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	£л 19 Col b x Stfng Add-an	\$3.98	\$3.98						1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.71	\$3.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln: 24	\$248.19	\$136.79	\$0.00	\$32.63	\$24.55	\$0.00	\$40.41	\$2.11	\$11,21	\$0.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$173.32						ł	·		

1	ovider. Harborview Health Systems - Thomaston		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (C			Facility Specific	State- wide
P	Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance: Atrly BIMS score Auality Incentive:	45.3%	13,37% 5.5% 2.0%	Qrtrly Meaid		d Overall CMI: Medicaid CMI: Wght Options:		1,2365 1,6213 1,6505	1.3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3			a - a	e synaphyragos	С	d	е	Parting from the	g	g	/add to the second	ggjord <b>i</b> eden.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS									ļ		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sîzes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,879,521	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)		(\$33,092)	\$33,092
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,827,835	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$843,569	\$59,739	\$388,699	\$33,092
8	Total Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7/Ln 8 Cola	\$133.77	\$70,52	\$0.00	\$15.22	\$11,43	(with L&H)	\$23.40	\$1.50	\$10.78	\$0.92
10	Base Period Facility Case Mix Index for Ali Residents	from 4 qtrs of FY12		1.2365								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$57,03	\$0.00	\$15.22	\$11,43		\$23.40	\$1.50	\$10.78	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Sives)	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	\$115.39	\$57.03	\$0.00	\$15.22	\$11.43		\$20.56	\$1.50	8.73 (FRV)	\$0,92
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$13,93	67.00	\$0.00	60.00	24.50		****			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$13.93	\$7.62 \$64.65	\$0.00	\$2.03 \$17.25	\$1.53 \$12.96	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A \$8.73	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$129,52	1.6505	\$0.00	\$17.25	\$12,90	\$0.00	\$23.31	\$1.50	\$6.73	\$0.92
18	Orthly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106,70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$171.37	\$106.70	\$0,00	\$17.25	\$12.96	\$0.00	\$23.31	\$1.50	\$8.73	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00	nga angang angang angang angang angang angang angang angang angang angang angang angang angang angang angang a	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.87	\$5.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.13	\$2.13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.26	\$8.53	\$0.00	\$0,22	\$0.41	\$0.00	\$17,10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$197.63	\$115.23	\$0,00	\$17.47	\$13.37	\$0,00	\$40.41	\$1.50	\$8.73	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.40									

# Quarterly Case Mix Per Diem Calculation

#### **FINAL**

Provider: Harrington Park		Add on D	ata and Percentages	Facility Score	Add-on Percent					Facility	State
Prvdr ID: 003165726A		<u> </u>	Growth Allowance:				Case Mix Index			Specific	wide
H/B ?: No Case Mix Per Diem Rate Effective Date:	04/01/20			N/A	13.37%			iod Overall CMI:		Use Stwd	1.38
MDS & Nurse Hrs Data per Quarter Ending:		ena Marian ana On Cil	BIMS:	25.0%	1.0%			ly Medicaid CMI:		1.3165	1.43
MDS & Noise 103 Data per Quarter Chung.	12/3//19 190	rse nours per On-Sil	e Day/Quality Incentive:	4.26	3.0%	Qrtrly M	caid CMI w RU	G Wght Options:		1.3369	1.45
ne į Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry &	Plant Operatns	Admin and	A&G- GL-PL	Property and	Tax
	Calculations		Gervices	Services	1	Houskpng	& Maint	General	Insurance	Related	Insura
		a	b	C	đ	е	f	g		h	ì
CASE MIX BASED RATE CALCULATIONS		, ,									
Cost Center Peer Groups per Selected Options			1	1	2	1 1	1	1	]		1
Type of Facility within Peer Group		1	All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			1
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			ļ
Peer Group Standards & Efficiency Measure Limits					ļ						
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%			1
Efficiency Measures (Maximums) Per Diem Costs and Add-ons			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
1						j					
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 47,854		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		1
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit	i I	\$71.51		\$18,41	\$23.09		\$20.56		\$37.80	) :
Allowed @ 95% of Std		\$172.06	\$67.93		\$17.49	\$21.94		\$19.53	!	\$37.80	) :
Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61	!		
CMA Allowed Per Diem (After Growth Allowance)		\$191.79	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.76	\$37.80	s
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1,3369</u>							(FRV Rate)	l
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$102.96								
Quarterly Medicaid CMA Allowed Per Diem		\$217.73	\$102.96		\$19.83	\$24.87		\$22.14	\$2.76	\$37.80	S
Quarterly Per Diem Add-On Amounts						,,		<b>\$22.7</b> 4	J2.70	00,100	"
BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$1.03	\$1.03								1
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.09	\$3.09								
Nursing Home Provider Fee		\$17.10	,					17.10			
Total Quarterly Per Diem Add-On Amounts		\$21.22									
Quarterly Case Mix Based Per Diem Rate		\$238.95	\$107.08		\$19.83	\$24.87		\$39,24	\$2.76	\$37.80	†s
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$166.39								¥=,, ¥	451.00	<del>                                     </del>

1	ovider: Hart Care Center  vdr ID: 00167857A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	04/01/20		th Allowance: ly BIMS score	Facility Score N/A 39.2% 3.54	Add-on Percent 13,37% 2.5% 2.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.5289 1.8121 1.8471	State- wide 1.3699 1.4569 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
			<u>a</u>	<u>b</u>		d	e	f	g	9	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$78,118)	\$0	so	\$0	so	\$0	(\$78,118)	1	(\$20,545)	\$20,545
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,939,162	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$742,202	\$48,943	\$1,501	\$20,545
8	Total Nursing Facility Days As Filed Days = 40,897	FY13 Audited C/R Days	40,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,122	FY 18 GL-PL Ins Rpt Days								37,122		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY10 Ln 9/Ln 10		1.5289								
12	Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.44	20.50	240.00	244.00		****			
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$49.44 \$73.90	\$0.00 \$0.00	\$13.62 \$19.14	\$11.68 \$23.27		\$18.15 \$23.46	\$1.32	\$0.04	\$0.50
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101,84	\$49.44	\$0.00	\$13.62	\$23.27		\$23,46 \$18,15	\$0.00 \$1.32	N/A 7.13	\$0.50
	-		0103,01	010.11	\$5.50	013.02	311.00		\$10.15	\$1.52	(FRV)	\$0.50
4.5	Quarterly Per Diem Rate Prior to Add-ons										,	
15 16	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$12.42	\$6.61	\$0.00	\$1.82	\$1.56	\$0.00	\$2.43	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$114.26	\$56.05	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7.13	\$0.50
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.8471 \$103.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.74	\$103.53	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7,13	\$0.50
	Quarterly Per Diem Add-on Amounts										•	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$2.59	\$2.59	Ψ5,00	00.22	50.41	30.00	30.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.07	\$2.07		]						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.29	\$5.19	\$0.00	\$0,22	\$0.41	\$0,00	\$17.47	\$0,00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.03	\$108.72	\$0,00	\$15.66	\$13.65	\$0.00	\$38.05	\$1.32	\$7.13	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.95		h.uv	1	1		J	·		
			5	1								

	rovider: Hartwell Health and Rehabilitation		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (C			Facility Specific	State- wide
-	Case Mix Per Diem Rate Effective Date:	4/1/2020	-	owth Allowance: lirly BIMS score		13.37% 0.0%			d Overall CMI: Medicaid CMI:		1.3222 1.3610	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours p	er On-Site Day/C	uality Incentive:	3.49	3.0%	Ortrly Moaid	CMI w RUG V	Wght Options:		1.3815	1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	and compa	ď	<b>e</b>	glaght for any	g	g	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85 <u>.</u> 0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055									
	Total Nursing Facility Days GL-PL Ins. Rpt As Fited Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.23	\$80.76	\$0.00	\$30.40	\$14.06	(with L&H)	\$42.87	\$2.81	\$11.26	\$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3222</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61,08								
12	Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0,00	\$30,40	\$14.06		\$42,87	\$2.81	\$11.26	\$0.07
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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of En 12 or En 13	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.70	\$8.17	\$0,00	\$3,90	\$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	\$152,61	\$69.25	\$0.00	\$33.05	\$15,94	\$0,00	\$23.31	\$2.81	\$8.18	\$0,07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.3815</u>		_						*
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.03	\$95.67	\$0.00	\$33.05	\$15.94	\$0.00	\$23.31	\$2.81	\$8.18	\$0.07
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0,00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.91	\$3.40	\$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	\$199.94	\$99.07	\$0.00	\$33.05	\$16,35	\$0.00	\$40.41	\$2.81	\$8,18	\$0.07
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.13			•				1		

	Provider; Prvdr ID:	Hazlehurst Court Care and Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Pivariu;	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Growth Allowance: Qlrty BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 23.7% 2.59	13.37% 1,0% 3.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	1.4494 1.4777 1.5038	1.3617 1,4820 1,4569
1	ine	Description		ources / Totals Routine	Special Services	Dietary	Laundry & Plant Admin A&G-GL-I Houskong and Insurance	and and	Taxes and

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3000			Acres <b>a</b> 4400	<b>b</b>	С	d		99999 <b>F</b> -8899	g	g	h	ritarias <b>I</b> stopia
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,073,423	\$1,404,920	\$0	\$314,016	\$112,585	\$178,967	\$808,389	\$15,264	\$239,282	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$20,163	(\$30,996)	\$0	\$2,299	\$7,959	(\$18,391)	\$56,501		(\$8,960)	\$11,751
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576	\$864,890	\$15,264	\$230,322	\$11,751
8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818									
	Total Nursing Facility Days GL-Pl, Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL ins Rpt Days								24,682		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0.00	\$14.50	\$12,88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4494</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$43,45	\$0.00	\$14.50	\$12.88		\$39,64	\$0.62	\$10.56	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	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	\$99.33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6,78	\$0.54
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	l,n 14 x Grwth Allwnc %	\$12.22	\$5.81	\$0.00	\$1.94	\$1.72	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111,55	\$49,26	\$0.00	\$16.44	\$14.60	\$0.00	\$23,31	\$0.62	\$6.78	\$0.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5038								
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136,37	\$74,08	\$0.00	\$16.44	\$14.60	\$0.00	\$23.31	\$0.62	\$6.78	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$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 Cot b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.22	\$2.22								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.22	\$3.49	\$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	\$157.59	\$77.57	\$0,00	\$16.66	\$15.01	\$0.00	\$40.41	\$0.62	\$6.78	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(i.n 25 • i.n 23) * 0,75	\$105.37			······						

***************************************	Provider Prvdr IC	· · · · · · · · · · · · · · · · · · ·		Add- Nurse Hours per O	Qtri	/Ih Allowance: ly BIMS score	Facility Score N/A 32.4% 2.63	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.1433 1.4926 1.5198	State- wide 1,3617 1,4820 1,4569
L	ne #	Description	Source Calculat		Totals a	Routine Services b	Special Services	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General	A&G-GL-PL Insurance	Property and Related h	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatos & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			а	ь	C	and dates	е	- 783900 <b>f</b> 1599000	g	g	riterial ( <b>h</b> essen) i	:::: <b>i</b> :
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts										4.4	
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,723,340	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,465)	\$0	so	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,826
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,659,875	\$1,179,431	\$0	\$331,713	\$215,589	\$273,359	\$403,952	\$51,622	\$176,383	\$27,826
8	Total Nursing Facility Days As Filed Days = 20,589	FY12 Audited C/R Days	20,589									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,740	FY 18 GL-PL Ins Rpt Days								14,740		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.18	\$57.28	\$0.00	\$16,11	\$23.75	(with L&H)	\$19.62	\$3,50	\$8.57	\$1.35
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1433</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50,10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50,10	\$0,00	\$16.11	\$23.75		\$19,62	\$3.50	\$8.57	\$1,35
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	\$121.33	\$50,10	\$0.00	\$16.11	\$23,09		\$19.62	\$3.50	7,56	\$1,35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.56	\$6,70	\$0.00	\$2.15	\$3,09	\$0,00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.89	\$56.80	\$0,00	\$18.26	\$26.18	\$0.00	\$22,24	\$3,50	\$7.56	\$1.35
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.5198</u>								
18	Ortdy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.41	\$86,32	\$0.00	\$18.26	\$26,18	\$0.00	\$22.24	\$3.50	\$7.56	\$1.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,12	\$0,53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	Ì	\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cot b x Sting Add-on	\$2.59	\$2.59								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.97	\$5.28	\$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	\$188.38	\$91.60	\$0.00	\$18.48	\$26.18	\$0.00	\$39.71	\$3.50	\$7.56	\$1.35
		·			·				1		L	

\$128.46

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

#### Quarterly Case Mix Per Diem Calculation

#### FINAL

Pi	rovider: Heart of Georgia rvdr ID: 00141358A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Ni		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 11.9% 3.64	Add-on Percent 13.37% 0.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2133 1.5415 1.5678	State- wide 1,3617 1,4347 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
<u></u>	•••		a	b	С	d	е	f	g		h	i
CA	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpi FY2018 GL-PL Ins. Rpi	t	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37	\$ 26,069 33,100		
	Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 2012 Peer Group Lim	\$140.45 \$16.97 \$158.21	\$71.51 \$67.93 \$9.08 \$77.01 <u>1.5678</u> \$120.74		\$18.41 \$17.49 \$2.34 \$19.83	\$23.09 \$21.94 \$2.93 \$24.87		\$20.56 \$19.53 \$2.61 \$22.14	\$ 0.79	\$13.41 \$13.41 \$13.41 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$201.93 \$0.00 \$3.62 \$17.10 \$20.72	\$120.74 \$0.00 \$3.62		\$19.83	\$24.87		\$22.14 17.10	\$0.79	\$13,41	\$0.15
	Quarterly Case Mix Based Per Diem Rate		\$222,65	\$124.36	***************************************	\$19.83	\$24.87	••	\$39.24	\$0.79	\$13.41	\$0.15
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$154.17	1	71.00		7.5.00	<del>42 7.01</del>		<del>400.24</del>	40.73	913.41	30.10

Provider: Prvdr ID:	Heritage Healthcar 00141017A	Case Mix Per Diem Rate Effective Date:	4/1/2020	Add-on Data and Percentages Growth Allowance: Qtry BIMS score	Facility Score N/A 41.2%	Add-on <u>Percent</u> 13,37% 2,5%	Case Mix Index (CMI) Data  Base Period Overall CMI:  Quarterly Medicaid CMI:	Facility <u>Specific</u> 1,3861 1,4728	State- <u>wide</u> 1.3617 1.4820
Line	Description	MDS & Nurse Hrs Data per Quarter Ending:		Nurse Hours per On-Site Day/Quality Incentive:  urces / Totals Routine Services	3.20 Special Services	3.0% Dietary	Qrtrly Meaid CMI w RUG Wght Options:  Laundry & Plant Admin Operatins A&G- GL Insuran	CAVE LA SECUENCIA SON CONTROL	1.4569 Taxes and

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1477 E.			a	Serve beginning	С	d	amana wana	988 A <b>F</b> 7888	g	g	h	and filter.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				:							
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits								_			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$3,583,363	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days								24,586		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0,00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3861</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4,06	\$1.24
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	1
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	7.25	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	£n 14 x Grwth Allwnc %	\$14.04	\$7.37	\$0.00	\$1,70	\$2.64	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£a 14 + La 15	\$134.60	\$62,51	\$0.00	\$14,44	\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1,24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	•	1.4985	*****	*****	<b>4.1.1.1</b>	42.00	7,0.10	41,50	41.125	V24
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.76	\$93.67	\$0.00	\$14.44	\$22.38	\$0.00	\$19.73	\$7.05	\$7.25	\$1,24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,81	\$2,81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,78	\$5,68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.54	\$99,35	\$0.00	\$14.66	\$22.79	\$0.00	\$37.20	\$7.05	\$7.25	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129,33		<b>)</b>				1			

Provider;	Heritage Healthcare -Grandview, LLC		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID;	00141215A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,4300	1,3617
[	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	34.4%	2.5%	Quarterly Medicaid CMI:	1.4538	1,4820
	MDS & Nurse Hrs Data per Quarter Ending;	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3,18	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.4800	1,4569

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ACC MIV DACED DATE CAUCH ATIONS		а	b	c c	d d	e	itiriyite <b>.f</b> qaybad	g	g	h (garage)	gittare a New yer
-	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099	\$2,702,048	\$0	\$472,068	\$338,666	\$329,325	\$719,325	\$173,230	\$250,437	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$96,625)	(\$3,061)	\$0	(\$233)	\$0	(\$491)	(\$92,840)		(\$43,856)	\$43,856
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,888,474	\$2,698,987	\$0	\$471,835	\$338,666	\$328,834	\$626,485	\$173,230	\$206,581	\$43,856
8	Total Nursing Facility Days As Filed Days = 32,702	FY12 Audited C/R Days	32,702									
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 24,441	FY 18 GL-PL Ins Rpt Days								24,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20.41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		<u>1.4300</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20.41		\$19,16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Strucs)	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	\$130.32	\$57.72	\$0,00	\$14.43	\$20.41		\$19,16	\$7.09	10.17	\$1.34
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.94	\$7.72	\$0.00	\$1.93	\$2.73	\$0,00	\$2.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.26	\$65.44	\$0.00	\$16,36	\$23.14	\$0.00	\$21.72	\$7.09	\$10.17	\$1,34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	-	1.4800				•			<b>\$10711</b>	*,,
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96,85		1						
19	Quarterly Medicaid CMA Allowed Per Diem	RS ≈ Ln 18, AllOlhr = Ln 16	\$176.67	\$96.85	\$0,00	\$16,36	\$23.14	\$0.00	\$21.72	\$7.09	\$10.17	\$1.34
	Outside du Port Pierre Add en America											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see 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	\$1.33	\$2.42	\$0,00	\$0.22	\$0.41	\$0.00	\$0.57		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stvcs)	Ln 19 Col b x Sting Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	92.51					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$5.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.63	\$102,71	\$0.00	\$16.58	\$23,55	\$0.00	\$39.19	\$7.09	\$10.17	\$1.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$137.65		I	1			I	1		

Provider:	Heritage Inn of Barnesville		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00143613A  Case Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance; Qtrly BIMS score	N/A 53,3%	13.37% 5.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,3499	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.46	3.0%	Quarterly Medicald CMI;  Qrtrly Medicald CMI w RUG Wight Options:	1,5494 1,5740	1.4820 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	beautie	С	de Co	е	f	g	g	₩₩	, de la con
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065	\$2,698,086	\$D	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,917)	\$0	\$0	\$0	so	\$0	(\$25,520)	V112,12,1	(\$23,865)	\$24,468
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,928,149	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$611,773	\$112,121	\$352,616	\$24,468
8	Total Nursing Facility Days As Filed Days = 39,325	FY12 Audited C/R Days	39,325	,_ <b>,</b> ,			75.15	V		4,,,,	4002,010	J, 100
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,775	FY 18 GL-PL Ins Rpt Days	,							39,775		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$125.29	\$68.61	\$0.00	\$13,74	\$14.97	(with L&H)	\$15.56	\$2.82	\$8.97	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3499				, , , , , ,		72.32	\$5.51	70.02
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50,83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.83	\$0.00	\$13,74	\$14.97		\$15,56	\$2.82	\$8.97	\$0,62
13	Per Diern Standards (After Statewide CMA for Routine Stycs)	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 ar Ln 13	\$105.59	\$50,83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	7.05	\$0.62
											(FRV)	****
45	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.72	\$6,80	\$0.00	\$1.84	\$2.00	\$0.00	\$2.08	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$118.31	\$57.63	\$0.00	\$15,58	\$16.97	\$0,00	\$17,64	\$2.82	\$7.05	\$0,62
18	Quartedy Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		<u>1.5740</u>								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$151,39	\$90.71	\$0.00	645.50	640.07	00.00		40.00		
19	Quarterly Medicard CMA Allowed Per Dietti	AS Lit 16, AIOIII Lit 16	\$151.39	\$90.71	\$0.00	\$15,58	\$16.97	\$0.00	\$17.64	\$2.82	\$7.05	\$0.62
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Savs)	£n 19 Col b x CPS Add-on	\$4.99	\$4,99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.34	\$8.24	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.73	\$98,95	\$0.00	\$15.80	\$17.38	\$0.00	\$35.11	\$2,82	\$7.05	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120,47			·			1			

State-

Facility

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

Facility

Add-on

	Provider: Heritage Inn of Sandersville	_	Add-on Data and	Percentages	Score	Percent	Cas	se Mix Index (	CMI) Data		Specific	wide_
	Prvdr ID: 00142678A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance; Urly BIMS score Quality Incentive;		13.37% 5.5% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1,3183 1.4916 1.5171	1.3617 1.4820 1.4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	1	g	g	i i i i i i i i i i i i i i i i i i i	1
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 R	pt \$2,922,685	\$1,514,491	\$0	\$318,355	\$150,840	\$218,788	\$374,361	\$57,351	\$288,499	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,961)	\$0	\$0	\$0	\$457	\$663	(\$13,956)		(\$21,030)	\$21,905
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0,00	\$14.67	\$17.09	(with L&H)	\$16.61	\$2.67	\$12.33	\$1.01
10	1	from 4 qtrs of FY12		<u>1.3183</u>								
11		Ln 9 / Ln 10		\$52.94								
12	•	RS = Ln 11, AliOlhr = Ln 9		\$52.94	\$0,00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01
13	1	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	\$115,11	\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons											
15	~	Ln 14 x Grwth Allwnc %	\$13.54	\$7,08	\$0,00	\$1.96	\$2.28	\$0,00	\$2.22	N/A	N/A	N/A
16	, ,	£n 14 + Ln 15	\$128.65	\$60.02	\$0.00	\$16,63	\$19.37	\$0.00	\$18.83	\$2,67	\$10.12	\$1.01
17		per Current Qlr End		<u>1.5171</u>								
18 19		Ln 16 x Ln 17 RS = Ln 18, AliOthr = Ln 16	\$159.69	\$91.06 \$91.06	\$0.00	\$16.63	640.27	60.00	640.00	60.67	640.40	64.04
13	Quarterly Medicalo CMA Allowed Per Dietii	13 - Eli 18, Alouii - Eli 18	\$158.69	\$91,00	\$0.00	\$16.63	\$19.37	\$0,00	\$18.83	\$2.67	\$10.12	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37	***************************************	\$0.00	
21	8IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.01	\$5.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.37	\$8,27	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186,06	\$99.33	\$0.00	\$16.85	\$19.78	\$0.00	\$36.30	\$2.67	\$10.12	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.72									

Facility Add-on Facility State-Provider: Heritage Inn of Statesboro Add-on Data and Percentages \_Score\_ Percent Case Mix Index (CMI) Data Specific \_wide\_ 00142161A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2962 1.3617 Case Mix Per Diem Rate Effective Date; 4/1/2020 Qtrly BIMS score 25.0% 1.0% Quarterly Medicaid CMI: 1.4820 1.6528 MDS & Nurse Hrs Data per Quarter Ending; 12/31/19 Ortrly Meaid CMI w RUG Wght Options: Nurse Hours per On-Site Day/Quality Incentive: 3,14 2.0% 1.6832 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	of Gales <b>b</b> posterio	C	d		-3056 <b>f</b> .75379	g	g a	<b>h</b> (1996) (1996)	grade in the
5	ASE MIX BASED RATE CALCULATIONS											]
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,625,557	\$1,942,671	\$0	\$400,417	\$189,018	\$260,754	\$492,323	\$88,441	\$251,933	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,099)	\$0	\$0	(\$1,779)	\$0	(\$187)	(\$16,912)		(\$27,410)	\$29,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,608,458	\$1,942,671	\$0	\$398,638	\$189,018	\$260,567	\$475,411	\$88,441	\$224,523	\$29,189
8	Total Nursing Facility Days As Filed Days = 28,133	FY12 Audited C/R Days	28,133									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,694	FY 18 GL-PL Ins Rpl Days								28,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98	(with L&H)	\$16.90	\$3.08	\$7.98	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2962								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.27	\$0,00	\$14.17	\$15.98		\$16.90	\$3.08	\$7.98	\$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	\$111.50	\$53.27	\$0,00	\$14.17	\$15.98		\$16.90	\$3.08	7.06	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$13.41	\$7.12	\$0.00	\$1.89	\$2.14	\$0.00	\$2.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$124.91	\$60.39	\$0.00	\$16.06	\$18.12	\$0.00	\$19.16	\$3.08	\$7.06	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6832								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.17	\$101.65	\$0.00	\$16,06	\$18.12	\$0.00	\$19.16	\$3.08	\$7.06	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x ,75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,02	\$1.02			, , , , , ,					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	£n 19 Col b x Strng Add-ол	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$3,58	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.85	\$105.23	\$0.00	\$16.28	\$18.53	\$0.00	\$36.63	\$3.08	\$7.06	\$1.04
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$128.06		L				1	11		ı

Facility Add-on Facility State-Provider. High Shoals Health & Rehabilitation Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID; 00212814A Growth Allowance: N/A 13.37% Base Period Overall CMI; 1.3425 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 32.0% 2.5% Quarterly Medicaid CMI: 1,2346 1.4820 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 12/31/19 3.45 3.0% Ortrly Meaid CMI w RUG Wght Options: 1,2503 1.4569

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	nitratife <b>b</b> market	C	<b>d</b> ,- ()	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	f	g	i i i g	Maria harangan	facigale facilità
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,303,039	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)	(\$15,898)	(\$83,346)		(\$27,601)	\$15,724
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24,30	\$2.92	\$2.35	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3425								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78,79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$78.79	\$0.00	\$21.77	\$27.88		\$24.30	\$2.92	\$2,35	\$0.57
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	\$152.55	\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$2.92	15.49	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9,56	\$0.00	\$2.46	\$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	\$170.41	\$81.07	\$0.00	\$20,87	\$26.18	\$0,00	\$23.31	\$2.92	\$15.49	\$0,57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2503								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	į	\$101.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.70	\$101.36	\$0.00	\$20.87	\$26.18	\$0.00	\$23,31	\$2.92	\$15.49	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2,53								-
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.67	\$5.57	\$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	\$213.37	\$106.93	\$0.00	\$20.87	\$26.18	\$0.00	\$40,41	\$2.92	\$15.49	\$0,57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.20		L	!l		<u> </u>	I	1		l

Provider: Hill Haven Nursing Home Prvdr ID: 00448456A  Case Mix Per Diem Rate Effection MDS & Nurse Hrs Data per Quarter	re Date: 4/1/2020	-	owth Allowance: lirly BIMS score	Facility Score N/A 31.5% 3.31	Add-on Percent 13,37% 2.5% 2.0%	-	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,2298 1,4300 1,4558	State- wide 1.3617 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
		а	<b>b</b>	С	d	· · · · · · · · · · · · · · · · · · ·	934 o <b>f</b> gega	g	g	y Microsoft <b>h</b> e Alter a seg	same Inte
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Altowed Amounts								***************************************			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,142,256	\$1,574,830	\$0	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,265)	(\$2,086)	(\$42,166)		(\$40,283)	\$37,807
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,086,999	\$1,567,530	\$0	\$318,402	\$214,937	\$198,025	\$490,696	\$62,431	\$197,171	\$37,807
8 Total Nursing Facility Days As Filed Days = 22,914	FY12 Audited C/R Days	22,914									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,824	FY 18 GL-PL Ins Rpt Days								23,824		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.61	\$68,41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21.41	\$2.62	\$8.60	\$1,65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2298								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 9/in 10		\$55.63								
12 Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$55,63	\$0.00	\$13.90	\$18.02		\$21.41	\$2.62	\$8.60	\$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	\$122,15	\$55.63	\$0.00	\$13.90	\$18.02		\$20.56	\$2.62	9,77	\$1.65
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,46	\$7.44	\$0.00	\$1.86	\$2.41	\$0.00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.61	\$63.07	\$0.00	\$15.76	\$20.43	\$0.00	\$23.31	\$2.62	\$9.77	\$1.65
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0105.07	1.4558	40.00	\$15.10	\$20.40	\$0.00	\$20.01	\$2.02	45,11	\$1.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.82								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165,36	\$91.82	\$0.00	\$15.76	\$20.43	\$0.00	\$23.31	\$2.62	\$9,77	\$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 Routin	e Srvs) En 19 Col b x CPS Add-on	\$2.30	\$2.30				*****	,			
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.84	\$1.84								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.76	\$96.49	\$0,00	\$15.98	\$20.84	\$0.00	\$40.41	\$2.62	\$9.77	\$1.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.00			II			<u> </u>			

Facility Add-on Facility State-Jesup Health Care Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142689A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.4500 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 45.0% 5,5% Quarterly Medicaid CMI: 1.8312 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Moaid CMI w RUG Wight Options: 2.98 3,0% 1.8664 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Piant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
22.00			а	b	С	d	- 100 <b>e</b> 100 mm	28430 <b>f</b> 38500	9	g	4.540000 <b>h</b> (3.44, 5.50	Production
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											İ
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,416,686	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$374,073)	(\$314,489)	\$0	\$429	(\$2,281)	\$7,477	(\$42,462)		(\$35,529)	\$12,782
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,042,613	\$1,609,474	\$0	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
8	Total Nursing Facility Days As Filed Days = 24,507	FY12 Audited C/R Days	24,507									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days								21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$124.28	\$65.67	\$0.00	\$12,62	\$17.46	(with L&H)	\$19.95	\$0.97	\$7.09	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4500								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
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	\$103,39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6,58	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$12.75	\$6.06	\$0,00	\$1.69	\$2.33	\$0,00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116,14	\$51.35	\$0.00	\$14,31	\$19.79	\$0.00	\$22.62	\$0.97	\$6.58	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8664			, , , , , ,	, , , , ,			70.00	4-1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$160,63	\$95.84	\$0.00	\$14.31	\$19.79	\$0.00	\$22.62	\$0,97	\$6.58	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	İ
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.27	\$5.27	00.00	40.22	50,41	\$0.00	\$0.57		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.88	\$2.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26,78	\$8.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	[.n 19 + [.n 24	\$187.41	\$104.52	\$0.00	\$14.53	\$20,20	\$0.00	\$40.09	\$0.97	\$6.58	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.73		1	1		l	<u> </u>	1		

## Quarterly Case Mix Per Diem Rate Calculations

#### FINAL

A ADMINISTRAÇÃO DE LA CONTRAÇÃ										THAL	
Provider: Joe-Ann Burgin Nursing Center		Add-on Da	ta and Percentages	Facility Score	Add-on Percent		Case Mix Inde	w (CMD Date	4,00	Facility	State-
Prvdr ID: 00141633A			Growth Allowance:	N/A	13.37%					Specific	wide
H/B ?: Yes Case Mix Per Diem Rate Effective Date:	04/01/20		BIMS		2.5%			riod Overall CMI; rly Medicaid CMI;		1.2689	1,3617
MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hou	rs per On-Site	Day/Quality Incentive:		2.0%	Ontro	Moaid CMI w RU			1.1484 1.1631	1,4446 1,4694
		-						O rigin Ophona.		1,1031	1.4094
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		а	ь	С	<u> </u>	е	f	g		h	i
Cost Center Peer Groups per Selected Options		1 1				i .					
Type of Facility within Peer Group			7	1	2	1 1	1	1			
Bed Size Range within Peer Group			All Facilities	All Facilities			All Facilities	All Facilities			
Peer Group Standards & Efficiency Measure Limits			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
				ł							
Peer Group Standards: Percentile		į į	90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards; Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%		1	
Efficiency Measures (Maximums)			\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											
Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		2,218,749		659,341	196,091	287,566	544,060	33,164	125,937	8,186
Inflation (July 2012) @ 2.06%			45,706		13,582	9,963		11,208		•	169
Patient Days	FY 2010 Cost Rpt		28,754		28,754	28,754		28,754		28,754	28,754
Total Nursing Facility Days GL-PL Ins, Rpt	FY 18 GL-PL Ins Rpt Days								24,337		
Inflated NHC/ Patient Days			78.75		23.40	17.17		19,31	1.36	4.38	0.29
Base Period Facility CMI for all Residents			<u>1.2689</u>								
Routine Services Case Mix Adjusted Net Per Diem			\$62.06	j							
Net Per Diems After Case Mix Adjustments		\$127.97	\$62,06		\$23.40	\$17.17		\$19.31	\$1.36	\$4.38	0,29
Per Diem Standards			\$72.49		\$25.97	\$23,20		\$21.80			
Base Period Case Mix Adjusted Allowed Per Diem		\$136.00	\$62.06		\$23,40	\$17.17		\$19.31	\$1,36	12.40	0.29
Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	7.20
Growth Allowance 13.37%		\$16.30	\$8.30		\$3.13	\$2.30		\$2.58		(**************************************	
CMA Allowed Per Diem After Growth Allowance		\$152,29	\$70,36		\$26.53	\$19,46		\$21.89	\$1,36	\$12.40	\$0.29
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.1631</u>	į	ł			1		V.2	VO.E5
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$81.84								
Quarterly Medicaid CMA Allowed Per Diem		\$163.77	\$81.84		\$26.53	\$19.46		\$21.89	\$1.36	\$12,40	\$0.29
Quarterly Per Diem Add-On Amounts								421.55	\$1.00	Q12,45	VU.23
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0,22	\$0.41		\$0.37			
BIMS Add-on Per Diem # 2.5% (to Routine Srvs)		\$2,05	2.05			/		33.57			
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.64	1,64	ļ							
Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
Total Quarterly Per Diem Add-On Amounts		\$22.32						"			
Quarterly Case Mix Based Per Diem Rate		\$186.09	\$86.06		\$26.75	\$19.87		\$39.36	\$1.36	\$12.40	\$0.29
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$126.74				7	T		400.00	71.30	912.40	30.23

Provide			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr !	o: 00531033A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.7250	1.3617
	Case Mix Per Diem Rate Effective Date;	4/1/2020	Qtrly BIMS score	25.3%	1.0%	Quarterly Medicaid CMI:	1.6062	1,4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3,74	2.0%	Ortrly Mozid CMI w RUG Wight Options:	1.6353	1,4569

Line #	Description	Sources / Calculations	Tota!s	Routine Services	Special Services	Dïetary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			<b>a</b>	2000 <b>b</b> 00000	С	d	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	767 F. 1	g	g	er Milleren <b>h</b> ilfführten	Medig <b>i</b> riya
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,954,862	\$3,427,719	\$0	\$718,503	\$260,899	\$401,350	\$974,956	\$162,252	\$1,009,183	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit AdjsImIs FY12 Audited C/R	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038
8	Total Nursing Facility Days  As Filed Days = 43,009	FY12 Audited C/R Days	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038
0	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL ins Rpt Days	43,009							40.000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$160.02	\$77,12	\$0,00	\$16.66	\$16,31	(with L&H)	\$23,35	43,852 \$3.70	\$20.90	E4 00
10	Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY12	\$ 100.02	1.7250	\$0.00	\$10.00	\$10,31	(Willi LGFT)	\$23.35	\$3,70	\$20.90	\$1.98
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23,35	\$3.70	\$20.90	\$1.98
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	\$20.50 N/A	\$1.50
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$117.78	\$44.71	\$0.00	\$16.66	\$16,31		\$20.56	\$3,70	13.86	\$1.98
	·			77	,,,,,		\$10,01		720.00	45,75	(FRV)	41.00
	Quarterly Per Diem Rate Prior to Add-ons										-	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,14	\$5,98	\$0.00	\$2.23	\$2.18	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.92	\$50,69	\$0.00	\$18.89	\$18.49	\$0,00	\$23.31	\$3.70	\$13,86	\$1,98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6353</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£ก 16 x £ก 17 RS = Ln 18. AllOthr= Ln 16	0400 40	\$82.89	40.00	***						
19	Quarterly Medicaid CMA Allowed Per Diem	KS = Lit 10, AllOthi = Lit 16	\$163.12	\$82,89	\$0.00	\$18.89	\$18.49	\$0.00	\$23.31	\$3.70	\$13.86	\$1.98
	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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,75	\$3.02	\$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	\$183.87	\$85.91	\$0.00	\$19.11	\$18.90	\$0.00	\$40.41	\$3.70	\$13.86	\$1.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.08									

Facility Add-on Facility State-Kentwood Provider, Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID; 00143426A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2689 1.3617 Qtrly BIMS score Case Mix Per Diem Rate Effective Date: 4/1/2020 38,8% 2.5% Quarterly Medicaid CMI: 1.4148 1.4820 MDS & Nurse Hrs Data per Quarter Ending: Nurse Hours per On-Site Day/Quality Incentive: 12/31/19 4.04 3.0% Ortrly Meaid CMI w RUG Wght Options: 1.4362 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	1997/499 <b>b</b> 11 (1992)	4594C-3566	d d	e	i (Maji <b>f</b> ) ya di	g	g	Artifice <b>h</b> essignis	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85,0% 100,0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,878	\$2,965,870	\$0	\$546,138	\$263,810	\$217,324	\$690,127	\$176,477	\$173,132	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,636)	\$0	\$0	so	\$0	(\$1,573)	(\$64,063)	, , ,	(\$256)	\$256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,967,242	\$2,965,870	\$0	\$546,138	\$263,810	\$215,751	\$626,064	\$176,477	\$172,876	\$256
8	Total Nursing Facility Days As Filed Days = 27,487	FY12 Audited C/R Days	27,487			,	•		,	, ,		1
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,404	FY 18 GL-PL ins Rpt Days	•							33,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.58	\$107.90	\$0,00	\$19.87	\$17.45	(with L&H)	\$22,78	\$5,28	\$6,29	\$0.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2689								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$85.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$85.03	\$0.00	\$19.87	\$17,45		\$22.78	\$5,28	\$6.29	\$0.01
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	\$150.26	\$71.51	\$0.00	\$18,41	\$17.45		\$20.56	\$5.28	17.04	\$0,01
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$17.10	\$9,56	\$0,00	\$2.46	\$2,33	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.36	\$81.07	\$0.00	\$20.87	\$19.78	\$0.00	\$2.73	\$5.28	\$17.04	\$0.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	Φ.101.0	1.4362	\$0,00	\$20.01	\$19.70	\$0.00	\$25.01	\$3,20	\$17.09	30.01
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.72	\$116.43	\$0,00	\$20.87	\$19.78	\$0.00	\$23.31	\$5.28	\$17.04	\$0.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi 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 Sting Add-on	\$3.49	\$3,49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$6.40	\$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	\$226,63	\$122,83	\$0.00	\$20.87	\$20.19	\$0.00	\$40.41	\$5.28	\$17.04	\$0.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.15		L			1		I1		L

1	Provider. Keysville Nursing Home and Rehab Ctr		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
1	Prvdr ID: 00141655A  Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance: Qtrly BIMS score	N/A 52.4%	13.37% 5.5%			d Overall CMI: Medicald CMI:		1.3131 1.3425	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours p		Quality Incentive;		3.0%	Ortrly Meale	CMI w RUG			1,3663	1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
4.00			a	denga <b>b</b> nation	C	d	Θ	1.00 <b>f</b> 200 k	g	g	Marie harrier	· · · · · · · · · · · · · · · · · · ·
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$2,873,358	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8	Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL tns Rpt Days								19,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.44	\$63.46	\$0,00	\$16,02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16,93	\$1.06
10		from 4 qtrs of FY12		<u>1.3131</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48,33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.33	\$0,00	\$16,02	\$24.06		\$14.88	\$3.03	\$16,93	\$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	\$120.00	\$48.33	\$0,00	\$16.02	\$23.09		\$14.88	\$3,03	13.59	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	Ln 14 x Grwth Allwnc %	\$13.68	\$6.46	\$0,00	\$2,14	\$3.09	\$0.00	\$1.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + l,n 15	\$133,68	\$54,79	\$0.00	\$18.16	\$26.18	\$0.00	\$16.87	\$3.03	\$13.59	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3663		,	•=====	•			*	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = 1,n 18, AliOthr = 1,n 16	\$153,75	\$74.86	\$0.00	\$18.16	\$26.18	\$0.00	\$16.87	\$3.03	\$13.59	\$1.06
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$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	\$4.12	\$4.12		. —					- 2,	
22		Ln 19 Col b x Sting Add-on	\$2.25	\$2,25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6,90	\$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	\$178.34	\$81.76	\$0.00	\$18,38	\$26.18	\$0.00	\$34.34	\$3.03	\$13,59	\$1.06

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$120.93

(Ln 25 - Ln 23) \* 0.75

State-

Facility

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

Facility

Add-on

	rovider: Lafayette Nursing & Rehab Center	Adapt	Add-on Data and	Percentages	Score N/A	Percent 13.37%	Cas	se Mix Index (	CMI) Data		Specific 1,4871	wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			Otrly BIMS score	42.3%	2.5% 2.0%	Ortrly Moaid	Quarterly	Medicaid CMI: Wght Options:		1,4871 1,4642 1,4869	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	ings:Card	d d	В	sejge il <b>f</b> (vé si	9	g	Cition ( <b>h</b> ippeda)	effgar <b>i</b> enga,
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90,0% 100,0% \$0,00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41	***************************************	50.0% 105.0% \$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 Rp	\$9,256,560	\$4,885,876	\$0	\$883,051	\$416,107	\$519,499	\$1,637,603	\$385,084	\$529,340	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$77,970)	(\$74,174)	\$0	(\$4,172)	\$840	\$1,832	(\$4,163)		(\$85,898)	\$87,765
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,178,590	\$4,811,702	\$0	\$878,879	\$416,947	\$521,331	\$1,633,440	\$385,084	\$443,442	\$87,765
8	Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	55,096									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL Ins Rpt Days								44,797		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168,20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	\$8.60	\$8.05	\$1.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4871		}						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.73	\$0.00	\$15.95	\$17.03		\$29.65	\$8,60	\$8,05	\$1.59
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 En 12 or En 13	\$138.93	\$58.73	\$0.00	\$15.95	\$17,03		\$20.56	\$8.60	16.47 (FRV)	\$1.59
	Quarterly Per Diem Rate Prior to Add-ons										(174)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.01	\$7.85	\$0.00	\$2.13	\$2.28	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.94	\$66.58	\$0,00	\$18.08	\$19.31	\$0.00	\$23.31	\$8,60	\$16,47	\$1.59
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4869								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.00								
19	Quarterly Medicaid CMA Atlowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.36	\$99.00	\$0.00	\$18.08	\$19.31	\$0.00	\$23.31	\$8.60	\$16.47	\$1,59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Coi b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,72	\$4.99	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.08	\$103.99	\$0.00	\$18.30	\$19.72	\$0.00	\$40.41	\$8.60	\$16.47	\$1.59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$143.99							· · · · · · · · · · · · · · · · · · ·		
			1	1								

	Provider:	LaGrange Nurs, & Rehab. Ctr.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID:	00270245A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4490	1.3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	25.0%	1,0%	Quarterly Medicaid CMI:	1,5918	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3,15	2.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.6219	1.4569
1									

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
300.6			encera entre	alativa bayaisa	C	(E)(()) <b>d</b> () (())	• • • • • • • • • • • • • • • • • • •	f	g	g	erselen <b>h</b> einen be	Pathyant,
⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$7,142,325	\$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604,302)		\$46,284	\$30,380
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,380
8	Total Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL Ins Rpt Days								33,094		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$133,64	\$65,34	\$0,00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0.74	\$23.02	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4490</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$45.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45,09	\$0,00	\$13.19	\$13.31		\$17.39	\$0.74	\$23.02	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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 Diern	Lesser of I.n. 12 or I.n. 13	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11,90	\$6.03	\$0,00	\$1,76	\$1.78	\$0,00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111.20	\$51.12	\$0.00	\$14.95	\$15.09	\$0.00	\$19,72	\$0.74	\$8,93	\$0,65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	******	1.6219	13.55				******		\$3,00	72.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$82.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$142.99	\$82.91	\$0.00	\$14.95	\$15.09	\$0.00	\$19.72	\$0.74	\$8.93	\$0.65
	Quarterly Per Diem Add-on Amounts	for Balling Hannah		****								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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 Stfng Add-on	\$0.83	\$0,83								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)  Nursing Home Provider Fee	(Fixed Amount)	\$1.66 \$1.740	\$1.66					617.40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$21.12	\$3.02	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.11	\$85.93	\$0.00	\$15.17	\$15.50	\$0.00	\$37.19	\$0.00	\$8,93	\$0.00
<u> </u>			*······	7100		1 7.5.11	1.3.00	400	L	J	70.00	, ,,,,,,
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$110.26									

Facility Add-on Facility State-Provider: Lake City Nursing & Rehab Ctr. Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00141699A N/A 13.37% Growth Allowance: Base Period Overall CMI: 1.6589 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 43.5% 2.5% Quarterly Medicaid CMI: 1.5978 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.6273 1,4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
0.70			а	985 <b>6</b> 0 <b>6</b> 0 00 00 00	::::::c	d	e :	saiste forest f	g	g	isanijy <b>h</b> jiligeet	Stage Lating
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$11,284,046	\$6,137,555	\$0	\$1,190,052	\$517,678	\$688,523	\$1,372,595	(S142,967)	\$1,520,610	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,463)	(\$15,744)	\$0	(\$3,210)	\$0	\$13,996	(\$111,505)		(\$78,250)	\$78,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited CIR	\$11,167,583	\$6,121,811	\$0	\$1,186,842	\$517,678	\$702,519	\$1,261,090	(\$142,967)	\$1,442,360	\$78,250
8	Total Nursing Facility Days As Filed Days = 81,185	FY12 Audited C/R Days	81,185									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030	FY 18 GL-PL Ins Rpt Days								83,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.35	\$75.41	\$0.00	\$14.62	\$15.03	(with L&H)	\$15.53	\$3.03	\$17.77	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6589</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	\$17.77	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Stres)	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	\$103.43	\$45.46	\$0.00	\$14.62	\$15.03		\$15.53	\$3.03	8,80	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.12	\$6.08	\$0,00	\$1,95	\$2.01	\$0.00	\$2.08	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £si 15	\$115.55	\$51,54	\$0.00	\$16,57	\$17.04	\$0.00	\$17.61	\$3.03	\$8.80	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Oir End	4710.00	1.6273	40.00	<b>410.01</b>	417.01	40.00	<b>V</b>		40.00	40.20
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.88	\$83.87	\$0.00	\$16.57	\$17.04	\$0,00	\$17,61	\$3.03	\$8.80	\$0.96
	Quarterly Per Diem Add-on Amounts	(aca Dellas Hansall		00.50	\$0.00	20.00	20.44	\$0.00	60.07		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$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 Sting Add-on	\$2.10 \$2.52	\$2,10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee	(Fixed Amount)		\$2.52					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
-												
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.13	\$89.02	\$0.00	\$16,79	\$17.45	\$0.00	\$35.08	\$3,03	\$8,80	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.52									

1	rrovider. Lake Crossing Heath Care Prodr ID: 00403939A Case Mix Per Diem Rate Effective Date:	4/1/2020	Ċ	owth Allowance: htrly BIMS score	44.9%	Add-on Percent 13.37% 2.5%		Quarterly	d Overall CMI: Medicaid CMI:		Facility Specific 1.2839 1.4444	State- wide 1,3617 1,4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours pe	er On-Site Day/C	luality Incentive:	3.01	3.0%	Ortrly Meald	CMI w RUG	Wght Options:		1.4722	1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operators & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3.5.2			Section as the second	-3-117 <b>b</b> 33-147	C	d	egymetyring	f	g	g	h	9:13:50 <b>1</b> :50:11
c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	All Bed Sizes 85,0% 100,0% \$0,41	All Bed Sizes	50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts		4 - 000 047									
6	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$4,362,617	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$43,092) \$4,319,525	\$11,954 \$1,909,990	\$0 \$0	\$0 \$505,765	\$0	\$0 \$392,873	(\$42,257)	6406 464	(\$45,745)	\$32,956
8	Total Nursing Facility Days As Filed Days = 33,667	FY12 Audited C/R Days	33,667	\$1,909,880	Şu.	\$303,763	\$238,011	\$392,013	\$442,549	\$136,164	\$661,217	\$32,956
Ů	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days	33,007							33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128,29	\$56,73	\$0.00	\$15.02	\$18,74	(with L&H)	\$13.14	\$4,04	\$19.64	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	<b>V120,22</b>	1.2839	\$5.55	\$10.02	\$10.14	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0,14		<b>V</b> 15,04	\$0.50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.19	\$0.00	\$15.02	\$18,74		\$13,14	\$4.04	\$19.64	\$0.98
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 En 12 or En 13	\$106.12	\$44.19	\$0,00	\$15.02	\$18.74		\$13.14	\$4.04	10.01	\$0.98
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ls 14 x Grwth Allwisc %	\$12.19	\$5.91	\$0,00	\$2.01	\$2.51	\$0.00	\$1.76	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.19	\$50.10	\$0.00	\$17.03	\$21.25	\$0.00	\$1,70	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$110.51	1.4722	\$0.00	\$17.00	\$21.20	\$0.00	\$14.50	44.04	\$10.01	40.50
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$141.97	\$73,76	\$0,00	\$17.03	\$21.25	\$0.00	\$14.90	\$4.04	\$10.01	\$0.98
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see 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	\$1.55	\$0.53	QU.UU	30.22	30,41	30.00	\$0,37		30.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7				Papadadama	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$4.58	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	<b>L</b> n 19 + Ln 24	\$164.65	\$78,34	\$0,00	\$17.25	\$21.66	\$0.00	\$32.37	\$4.04	\$10.01	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.66									

1			Add-on Data and Gre	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index ((	CMI) Data d Overali CMI:		Facility Specific 1.1323	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours pe	C er On-Site Day/Q	itrly BIMS score quality Incentive:		1,0% 2,0%	Ortrly Moaid		Medicaid CMI; Wght Options:		1.1654 1.1810	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
			а	Ayest become	94544 <b>C</b> - 14550	d	:::::e::::::::::::::::::::::::::::::::	f	g	g	ngga <b>h</b> agaga	de jagteg <b>l</b> e jõuse
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multipfier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	\$4,392
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623	\$95,143	\$118,327	\$4,392
8	Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442						-			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,646	FY 18 GL-PL Ins Rpt Days								21,646		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$155,67	\$77.47	\$0.00	\$31.18	\$19.66	(with L&H)	\$17.24	\$4,40	\$5.52	\$0.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$68.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68,42	\$0.00	\$31.18	\$19.66		\$17.24	\$4,40	\$5.52	\$0.20
13	Per Diern Standards (After Statewide CMA for Routine Stress)	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 Díem	Lesser of Ln 12 or Ln 13	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17,24	\$4.40	34.00 (FRV)	\$0.20
ا ء.	Quarterly Per Diem Rate Prior to Add-ons	La 14 v Cardh Albrea 07	047.00	***	an			***				
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.98	\$9.15	\$0.00	\$3.90	\$2.63	\$0.00	\$2,30	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$191.05	\$77.57	\$0,00	\$33.05	\$22.29	\$0.00	\$19.54	\$4.40	\$34,00	\$0.20
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1.1810</u>								
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	נה זו אנה זו RS = Ln 18, AllOthr = Ln 16	6005.00	\$91.61	***	000.00	200.00	00.00	040.71			***
19	Quarterly Medicaid CMA Allowed Per Diem	no = in 10, AllOint = in 16	\$205.09	\$91.61	\$0,00	\$33.05	\$22.29	\$0.00	\$19.54	\$4.40	\$34,00	\$0,20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.92	\$0.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3.28	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$226.25

\$156.86

\$94.89

\$0,00

\$33,05

\$22.70

\$0.00

\$37.01

\$4.40

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0,75

\$34.00

\$0,20

## Quarterly Case Mix Per Diem Calculation

### **FINAL**

											,	
	y Nursing Home		Add-on Da	ita and Percentages	Facility Score	Add-on Percent		Case Mix Index	(CMI) Data	***************************************	Facility Specific	State- wide
Prvdr ID; 00415	522A			Growth Allowance:	N/A	13.37%		Base Per	iod Overall CMI:		1.2012	1.3617
H/B ?: No	Case Mix Per Diem Rate Effective Date:	04/01/20		BIMS:	36.6%	2.5%		Quarter	ly Medicaid CMI:		1,2867	1,4347
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse	Hours per On-Site	Day/Quality Incentive:	4.14	3.0%	Qrtrly M	caid CMI w RU	G Wght Options:		1.3061	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	С	d	е е	· f	g	:	h	i
	D RATE CALCULATIONS								ч			
Type o Bed Si	Peer Groups per Selected Options of Facility within Peer Group ize Range within Peer Group Standards & Efficiency Measure Limits			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Freestanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Efficiency N	o Standards: Percentile o Standards: Multiplier Measures (Maximums)		Personal III sea	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			fact vertical fractions and the fact of th
GL-PL- Inst Total Nursir	ists and Add-ons urance Costs ng Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt								\$ 35,074 10,058		
Standard Property Alfowed @ 1		FY 2012 Peer Group Limit	\$165.06 \$16.97	\$71.51 \$67.93 \$9.08		\$18.41 \$17.49 \$2,34	\$23,09 \$21,94 \$2,93		\$20.56 \$19.53 \$2,61		\$37.45 \$37.45	
Quarterly Fa	ed Per Diem (After Growth Alowance) acility Case Mix Index for Medicaid Residents ie Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$185.52	\$77.01 <u>1.3061</u> \$100.59	Andrews and the state of the st	\$19.83	\$24.87	oddom whereafter meet over	\$22.14	\$ 3.49	\$37.45 (FRV Rate)	\$0.72
Quarterly F	ledicaid CMA Allowed Per Diem Per Diem Add-On Amounts		\$209.09	\$100.59		\$19.83	\$24.87	- Andrewsky Communicated Assessment	\$22,14	\$3.49	\$37.45	\$0.72
Nurse Staff	on Per Diem = 2.5% to Routine Srvs) Hrs / Quality Add-on Per Diem = 3.0% me Provider Fee		\$2.51 \$3.02 \$17.10	\$2.51 \$3.02					47.45			
	ly Per Diem Add-On Amounts		\$22,63						17.10	!		
	se Mix Based Per Diem Rate		\$231.72	\$106.12		\$19,83	\$24.87		\$39.24	\$3.49	\$37.45	\$0.72
	d Per Diem Rate (Per Diem Rate - Pydr Fee) x 75%	\$160.97		¥100.12		\$15,00	324.01	<del></del>	335.24	33.45	\$37,45	\$0.72

1	ovider: Legacy Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((			Facility Specific	State- wide
-	Var ID: 00141631A Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance; http://discore		13.37% 2.5%			d Overali CMI; Medicaid CMI;		1.3485 1.3528	1,3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours p	er On-Site Day/C	uality Incentive:	2.79	3.0%	Ortrly Meaid		Wght Options:		1.3753	1,4569
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1-12			- (4 (2 <b>a</b> (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	b	С	d d	е	Accept for any	g	g	h	ggugallagi .
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL ins Rpt Days								63,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3,77	\$20,23	\$3.96
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3485</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$51,18	\$0.00	\$14.07	\$19.15		\$19.31	\$3,77	\$20.23	\$3,96
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	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 En 12 or En 13	\$121.00	\$51.18	\$0.00	\$14.07	\$19.15		\$19,31	\$3,77	9,56 (FRV)	\$3.96
	Quarterly Per Diem Rate Prior to Add-ons										1119	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$13.86	\$6,84	\$0.00	\$1.88	\$2.56	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.86	\$58.02	\$0.00	\$15.95	\$21.71	\$0,00	\$21.89	\$3.77	\$9.56	\$3.96
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3753</u>							İ	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$156.63	\$79.79	\$0.00	\$15.95	\$21.71	\$0,00	\$21.89	\$3,77	\$9,56	\$3.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add∙on	\$2.39	\$2.39							İ	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$23.01	\$4.91	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.64	\$84.70	\$0,00	\$16.17	\$22.12	\$0.00	\$39.36	\$3.77	\$9.56	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$121.91		<del>!.</del>							

1	Provider: Lee County Health Care Provid ID: 00712665A			owth Allowance;		Add-on Percent 13,37%	Cas	e Mix Index (( Base Perio	CMI) Data d Overall CMI:		Facility Specific 1,3504	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p	Q er On-Site Day/Q	Inly BIMS score luality Incentive:		1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1,6225 1,6527	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
			а	b	C. C.	ď	е		g g	are garage	19640 Ph (1966)	
0	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$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	\$3,014,201	\$1,482,885	\$0	\$281,416	\$161,523	\$251,626	\$429,919	\$57,286	\$349,546	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmls	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)		(\$31,510)	\$33,553
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553
8	Total Nursing Facility Days As Filed Days = 21,338	FY12 Audited C/R Days	21,338									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days  Ln 7 / Ln 8 Col a	24.42.22	200 47			***			21,292		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$140.68	\$69.47	\$0,00	\$13,10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57
11	Routine Stress Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		<u>1,3504</u> \$51,45								
12	1	RS = Ln 11, AllOthr = Ln 9		\$51,45 \$51,45	\$0.00	\$13,10	\$19.37		\$19.58	\$2.69	\$14.90	\$1.57
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$13.10	\$13.07		\$19.56	\$0.00	314.90 N/A	\$1.57
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122,48	\$51,45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72	\$1,57
			• (1	201710	• • • • • • • • • • • • • • • • • • • •	\$10.10	410.01		<b>V.</b> 0.00	42.00	(FRV)	\$1.51
15	Quarterly Per Diem Rate Prior to Add-ons   Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,84	\$6,88	\$0.00	\$1.75	\$2.59	\$0.00	\$2,62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.32	\$58.33	\$0.00	\$14.85	\$21.96	\$0.00	\$2.02	\$2.69	\$14,72	\$1,57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.02	1.6527	<b>\$0,00</b>	\$14.00	\$21.00	\$0.00	\$22.20	Ψ2.03	\$14.72	31,57
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96,40								1
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.39	\$96.40	\$0.00	\$14.85	\$21.96	\$0,00	\$22.20	\$2.69	\$14.72	\$1.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	ł
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0,96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89							ļ	***************************************
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.87	\$100.78	\$0.00	\$15.07	\$22,37	\$0.00	\$39.67	\$2.69	\$14.72	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.83							,		

ı	ovider: Life Care Center of Gwinnett vdr ID: 00370873A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Otrly BIMS score	43.9%	Add-on Percent 13.37% 2.5% 3.0%	-	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4103 1,2771 1,2935	State- wide 1.3617 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		genger <b>c</b> ggagg	::::::::d:::::::::::::::::::::::::::::	<b>e</b>	of the second	g	g	h	Siggide <b>i</b> ndex o
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$8,665,058	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)		(\$61,690)	\$69,424
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
8	Total Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590	FY 18 GL-PL Ins Rpt Days								43,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.08	\$92,61	\$0,00	\$16,62	\$16.69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0,00	\$16,62	\$16,69		\$21.90	\$2.96	\$6.03	\$1.27
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	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2,96	10,33 (FRV)	\$1,27
	Quarterly Per Diem Rate Prior to Add-ons										(1.0)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alfwnc %	\$15.98	\$8.78	\$0,00	\$2.22	\$2.23	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.08	\$74.45	\$0.00	\$18.84	\$18.92	\$0,00	\$23,31	\$2,96	\$10,33	\$1.27
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2935</u>							İ	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$96.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.93	\$96,30	\$0.00	\$18.84	\$18.92	\$0.00	\$23.31	\$2.96	\$10,33	\$1,27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$2,41	\$2,41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,56	\$5.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.49	\$102.13	\$0.00	\$19.06	\$19.33	\$0.00	\$40.41	\$2.96	\$10.33	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$133,79									

Provider: Life Care Center of Lawrenceville Prvdr ID: 00818914A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; Itrly BIMS score		Add-on Percent 13.37% 0.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5316 1.1847 1.2001	State- wide 1.3617 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
		i je i je i a osi eti	ite ille bijleev	c	ď		<b>1</b>	ģ	g	megrava <b>h</b> erimijara	ung-will-1859.
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Strucs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,295,559	\$4,408,813	\$0	\$809,583	\$359,692	\$476,855	\$1,418,629	\$99,060	\$722,927	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,410)	\$0	\$0	\$0	\$10,840	\$14,371	(\$56,596)		(\$97,284)	\$120,259
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,287,149	\$4,408,813	\$0	\$809,583	\$370,532	\$491,226	\$1,362,033	\$99,060	\$625,643	\$120,259
8 Total Nursing Facility Days As Filed Days = 42,756	FY12 Audited C/R Days	42,756									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days								30,867	_	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$194.72	\$103,12	\$0.00	\$18.93	\$20.16	(with L&H)	\$31.86	\$3,21	\$14.63	\$2.81
10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.5316								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.33 \$67.33	\$0.00	\$18.93	\$20.16		\$31.86	\$3,21	\$14.63	60.04
13 Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$67.33 \$71.51	\$0,00	\$18.41	\$20.16		\$31.86	\$0.00	\$14,63 N/A	\$2.81
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.20	\$67.33	\$0.00	\$18.41	\$20.16		\$20.56	\$3,21	17.72	\$2.81
, , , , , , , , , , , , , , , , , , , ,	Ecosor of Err 12, dr Err 10	\$130.20	\$07.55	\$0.00	\$10.41	\$20.10		\$20,50	\$3,21	(FRV)	\$2.01
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$16.91	\$9.00	\$0.00	\$2.46	\$2.70	\$0.00	\$2.75	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)     Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$167.11	\$76.33 1,2001	\$0,00	\$20.87	\$22.86	\$0.00	\$23.31	\$3.21	\$17.72	\$2.81
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		\$91,60								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182,38	\$91.60	\$0.00	\$20.87	\$22,86	\$0.00	\$23.31	\$3.21	\$17.72	\$2.81
			•= ::-							+····	
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (IStod - Alwell x .75, up to max. or 0)	(see Policy Manual)	\$0.94	\$0,53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		ED 00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	ລຸນ,ເປ	\$0,00	\$0,41	\$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	En 19 Col b x Sling Add-on	\$1.83	\$1.83								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<b>\$1.55</b>					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.87	\$2.36	\$0.00	\$0.00	\$0.41	\$0.00	\$17,10	\$0,00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Ln 24	\$202.25	\$93.96	\$0.00	\$20.87	\$23.27	\$0,00	\$40.41	\$3.21	\$17.72	\$2.81
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.86			1		<u>L</u>	l	1		

				Facility	Add-on			Facility	State-
Provider:	Life Care Center, Inc.		Add-on Data and Percentages	Score	Percent	Case Mix Index	(CMI) Data	Specific	wide
Prvdr ID:	00140665A		Growth Allowance:	N/A	13.37%	Base Peri	od Overall CMI:	1.3801	1.3617
	Case Mix Per Diem Rate Effective Date	4/1/2020	Qtrly BIMS score	35.2%	2.5%	Quarterly	Medicaid CMI:	1.3655	1.4820
	MDS & Nurse Hrs Data per Quarter Ending	: 12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.87	3.0%	Qrtrly Mcaid CMI w RUG	Wght Options:	1.3882	1.4569
			5	0		Plant	Admin Agg GL BL	Property	Taxes

L													
					Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Li	ine	Description	Sources /	Totals	Services	Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
	#	Description	Calculations		Services	Services		поизкрид	& Maint	General	irisurance	Related	Insurance
				а	b	С	d	е	f	g	g	h	i
	CA	ASE MIX BASED RATE CALCULATIONS											
	1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
		Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
		Peer Group Standards & Efficiency Measure Limits											
	2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$4,179,568	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$680,464	\$34,919	\$564,369	\$0
	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812)		(\$18,285)	\$65,699
	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,120,170	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$573,652	\$34,919	\$546,084	\$65,699
	8	Total Nursing Facility Days As Filed Days = 38,520	FY12 Audited C/R Days	38,520									
		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869	FY 18 GL-PL Ins Rpt Days								40,869		
	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$106.92	\$48.11	\$0.00	\$11.49	\$15.69	(with L&H)	\$14.89	\$0.85	\$14.18	\$1.71
-	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3801								
-	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
-	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	\$14.18	\$1.71
	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	\$92.70	\$34.86	\$0.00	\$11.49	\$15.69		\$14.89	\$0.85	13.21	\$1.71
		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
	15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$10.29	\$4.66	\$0.00	\$1.54	\$2.10	\$0.00	\$1.99	N/A	N/A	N/A
	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$102.99	\$39.52	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13.21	\$1.71
	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3882								
	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$54.86								
-	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.33	\$54.86	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13.21	\$1.71
		Quarterly Per Diem Add-on Amounts											
2	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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	\$1.37	\$1.37					1			
	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65					1			
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
_	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.65	\$3.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
				\$139.98	\$58.41	\$0.00	\$13.25	\$18.20	\$0.00	\$34.35	\$0.85	\$13.21	\$1.71
1	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.16									

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Lillian G. Carter Nursing Center Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142524A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.3539 1.3617 Case Mix Per Diem Rate Effective Date; 4/1/2020 Qtrly BIMS score 40,7% 2.5% Quarterly Medicaid CMI: 1,5393 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 3.0% Ortrly Meaid CMI w RUG Wight Options: 3,60 1,5682 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	ď	е	18,000 <b>f</b> (40,00	g	9	ese este <b>h</b> etkilija.	District Loss of
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,412,648	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$O	\$0	\$0	\$0	\$0	(\$22,722)		(\$27,757)	\$27,757
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,389,926	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$543,766	\$95,759	\$374,599	\$27,757
8	Total Nursing Facility Days As Filed Days = 34,425	FY12 Audited C/R Days	34,425									
	Total Nursing Facility Days GL-PI, Ins, Rpt As Filed Days = 33,869	FY 18 GL-PL Ins Rpt Days								33,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.3539								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$49,17	\$0.00	\$12.96	\$17.73		\$15,80	\$2.83	\$10.88	\$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	\$107.85	\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	8,55	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$12.78	\$6,57	\$0.00	\$1,73	\$2,37	\$0.00	\$2.11	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.63	\$55.74	\$0.00	\$14.69	\$20.10	\$0.00	\$17.91	\$2.83	\$8.55	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5682			1	13.00	1	, ,,,,,,,	70.00	70.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87,41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.30	\$87.41	\$0.00	\$14,69	\$20.10	\$0.00	\$17.91	\$2.83	<b>\$</b> 8.55	\$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)	\$1.53	\$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	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	£л 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.74	\$92.75	\$0.00	\$14.91	\$20.51	\$0.00	\$35.38	\$2.83	\$8.55	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.98			1.						

Facility Add-on Facility State-Lumber City Nurs. & Rehab. Ctr. \_\_\_Add-on Data and Percentages\_\_\_ Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID; 00270256A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,7031 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 36.6% 2.5% Quarterly Medicaid CMI: 1.5554 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,0% Ortrly Moaid CMI w RUG Wght Options: 1.5828 1,4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ъ	C	d	е	Pový, <b>f</b> atour	g	g	0.00000000 <b>h</b> +-0.00000	grang (t <b>i</b> ng ti
<u></u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,349,757	\$2,002,334	so	\$412,710	\$229,410	\$225,042	\$933,857	\$33,563	\$512,841	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)	)	\$41,023	\$17,532
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8	Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17.91	\$1.30	\$20.09	\$0.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.7031</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39,56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$39,56	\$0,00	\$14.88	\$16.52		\$17,91	\$1,30	\$20.09	\$0.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.5 <del>1</del>	\$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	\$99,56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75	\$0.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwisc %	\$11,88	\$5.29	\$0.00	\$1.99	\$2.21	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln: 14 + Ln: 15	\$111,44	\$44.85	\$0.00	\$16.87	\$18.73	\$0.00	\$20.30	\$1,30	\$8.75	\$0.64
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	•	1.5828	40,00	010.01	<b>V.5.1</b>	₩0,00	420.00	11.00	400	40.07
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.58	\$70.99	\$0.00	\$16.87	\$18.73	\$0.00	\$20.30	\$1.30	\$8.75	\$0,64
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	04.50	00.50		22.22	***	*****				
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee  Nursing Home Provider Fee	(Fixed Amount)	\$2.13 \$17.10	\$2.13					647 40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$4,43	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.11	\$75.42	\$0.00	\$17.09	\$19.14	\$0.00	\$37.77	\$1.30	\$0.00	\$0.00
<u> </u>			\$140.EF	410.42	30.00	211.03	\$13.14	30.00	331.11	\$1.30	\$0,75	⇒u.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.26									

Facility Add-on Facility State-Lynn Haven Health & Rehab Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00083036A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3693 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 33.9% 2.5% Quarterly Medicaid CMI: 1.5535 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.33 3.0% Orthy Meaid CMI w RUG Wight Options: 1.5823 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Marie Branch	c		е (	f	g	g	gyegya <b>h</b> rilagaa.	4J
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rol	\$5,435,046	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,544)	(\$535)	\$0 \$0	\$346,044	\$201,020	\$409,610	(\$23,009)	325,333	(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	so	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days As Filed Days = 34,161	FY12 Audited C/R Days	34,161	, ,,,		14	424 (1424	7 .55	1		4412,144	400,020
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days	·							30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158,74	\$88.59	\$0.00	\$15.98	\$19.66	(with L&H)	\$19,39	\$3.23	\$10,91	\$0,98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs af FY12		1.3693								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$64.70	\$0.00	\$15.98	\$19.66		\$19,39	\$3.23	\$10.91	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$135.98	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	12,04	\$0,98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.01	\$8.65	\$0.00	\$2.14	\$2,63	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.99	\$73.35	\$0,00	\$18.12	\$22.29	\$0.00	\$21.98	\$3.23	\$12.04	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5823</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116,06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.70	\$116.06	\$0.00	\$18,12	\$22.29	\$0.00	\$21.98	\$3.23	\$12,04	\$0,98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.90	\$2.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,48	\$3,48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.01	\$6.91	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.71	\$122.97	\$0.00	\$18.34	\$22.70	\$0.00	\$39.45	\$3,23	\$12.04	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.96		<b>1</b>	I						

Provider: Prvdr ID:	Madison Hith & Rehab 00083278A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Sile Day/Quality Incentive:	Score N/A 56.5% 3.31	Add-on <u>Percent</u> 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrirly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.3682 1.4960 1.5261	State- wide 1.3617 1.4820 1.4569	
 Line #	Description		ources / Totals Routine Services	Special Services	Dietary	Company of the Control of the Contro	G-GL-PL Property and surance Related	Taxes and	-

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
37.00			- / a	b b	С	d (in d	e	33344 <b>1</b> 455	g	g	h	aggerde, je ti
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities	All Facilities			
	·			All Ded Sizes	All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50,0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts								-			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,436,321	\$1,769,663	\$0	\$456,420	\$312,704	\$341,246	\$421,894	\$87,484	\$46,910	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$88,940)	(\$3,196)	\$0	\$0	(\$5,071)	(\$2,731)	(\$74,382)		(\$42,623)	\$39,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,347,381	\$1,766,467	\$0	\$456,420	\$307,633	\$338,515	\$347,512	\$87,484	\$4,287	\$39,063
8	Total Nursing Facility Days As Filed Days = 24,271	FY12 Audited C/R Days	24,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,267	FY 18 GL-PL ins Rpt Days								25,267		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0.00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3.46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3682								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln: 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Lπ 9		\$53,20	\$0,00	\$18.81	\$26.62		\$14.32	\$3.46	\$0.18	\$1.61
13	Per Diem Standards (After Statewide CMA for Routine Stres)	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	\$123.85	\$53.20	\$0.00	\$18.41	\$23.09		\$14,32	\$3.46	9.76	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.57	\$7.11	\$0.00	\$2.46	\$3.09	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$60,31	\$0,00	\$20.87	\$26.18	\$0.00	\$16.23	\$3,46	\$9.76	\$1,61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5261</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = £n 16	\$170.15	\$92.04	\$0.00	\$20.87	\$26.18	\$0.00	\$16.23	\$3.46	\$9.76	\$1,61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0,00	\$0,00	\$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	\$5.06	\$5.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.82	\$8.35	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.97	\$100.39	\$0.00	\$20.87	\$26.18	\$0.00	\$33.70	\$3.46	\$9.76	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.15		1					i I		L

Provider	Magnolia Manor Columbus East			Facility	Add-on		Facility	State-
Floring	5		Add-on Data and Percentages	_Score_	_Percent_	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
Prvdr ID	00083047A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5222	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	16.7%	0.0%	Quarterly Medicaid CMI;	1.5768	1,4820
	MDS & Nurse Hrs Data per Quarter Ending;	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	4,93	3.0%	Ortrly Moaid CMI w RUG Wght Options;	1.6081	1.4569

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	(1.11 (e. 11)	f	9	Kilasig teke.	ng a kiyang <b>hi</b> yanga dagi	hanglaigh a Tainighain
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,445,631	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,285,856	\$4,205,003	\$0	\$923,674	\$457,890	\$590,787	\$1,210,855	\$159,986	\$714,697	\$22,964
8	Total Nursing Facility Days As Filed Days = 52,157	FY12 Audited C/R Days	52,157									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,971	FY 18 GL-PL Ins Rpt Days								47,971		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$159.14	\$80.62	\$0,00	\$17,71	\$20.11	(with L&H)	\$23.22	\$3.34	\$13.70	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5222								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.96	\$0.00	\$17.71	\$20.11		\$23.22	\$3.34	\$13,70	\$0.44
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 En 12 or I,n 13	\$124.84	\$52.96	\$0.00	\$17.71	\$20.11		\$20,56	\$3.34	9.72	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,89	\$7,08	\$0,00	\$2.37	\$2.69	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.73	\$60.04	\$0,00	\$20,08	\$22,80	\$0.00	\$23.31	\$3.34	\$9.72	\$0.44
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.6081								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.24	\$96.55	\$0.00	\$20.08	\$22.80	\$0,00	\$23.31	\$3,34	\$9.72	\$0.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Coi 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	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$197.40	\$99,98	\$0.00	\$20.30	\$23.21	\$0.00	\$40,41	\$3,34	\$9.72	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.23			I			I			·

	Provider: Prvdr ID:	Magnolia Manor Columbus West 00083124A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: trly BIMS score	47.1%	Add-on Percent 13,37% 5.5% 2.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.3234 1.5884 1.6194	State- wide 1,3617 1,4820 1,4569
Line		Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MI	IX BASED RATE CALCULATIONS		а	ь	C	d	<b>e</b>	asayas <b>t</b> vagyar	Persong retera	g	h	sangga <b>i</b> sangg
-													
1	7	enter Peer Groups  Type of Facility within Peer Group  Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer C	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier ncy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Pe	eriod Per Diem Allowed Amounts											
5	As File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109	\$3,172,069	\$0	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit /	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890
7	Cost C	Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,182,351	\$3,172,069	\$0	\$736,455	\$316,705	\$580,663	\$641,038	\$126,895	\$575,636	\$32,890
8	Tota	al Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Tota	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Pe	er Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.32	\$69,37	\$0.00	\$16.11	\$19.62	(with L&H)	\$14.02	\$2.89	\$12.59	\$0.72
10	Bas	se Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3234								
11	Rou	ıtine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12		er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlbr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13	Per Di	em 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 F	Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116,23	\$52.42	\$0,00	\$16.11	\$19.62		\$14.02	\$2.89	10.45	\$0.72
	Quarter	ly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	h Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.65	\$7,01	\$0.00	\$2.15	\$2.62	\$0.00	\$1.87	N/A	N/A	N/A
16	1	Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.88	\$59.43	\$0.00	\$18.26	\$22,24	\$0.00	\$15,89	\$2.89	\$10,45	\$0.72
17	1	arterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6194					, , , , , ,		Ç.2,10	
18		ly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.24								
19	Quarte	erly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.69	\$96.24	\$0.00	\$18.26	\$22.24	\$0.00	\$15.89	\$2.89	\$10,45	\$0.72
	Ounds-	lu Don Diom Andrea America											
20	1	ly Per Diem Add-on Amounts  ncy Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	}	Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.29	\$5.29	90.00	90,22	φ0.4 f	φυ.00	\$U.31		<b>3</b> 0,00	
22		Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.92	\$1.92								
23	E .	g Home Provider Fee	(Fixed Amount)	\$17.10	7					\$17.10			
24		Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.84	\$7.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	<b> </b>	ly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.53	\$103.98	\$0.00	\$18.48	\$22.65	\$0.00	\$33.36	\$2.89	\$10.45	\$0.72
26	Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.57			<u> </u>				<u> </u>		

Provide: Magnolia Manor Marion County Prodr ID: 00141809A	-	Add-on Data and	I Percentages	Facility Score N/A	Add-on Percent 13.37%	Ca	se Mix Index (			Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		Otrly BIMS score	29,3%	1.0% 3.0%	Ortrly Mcaio	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.2265 1.6767 1.7103	1.3617 1.4820 1.4569
Line Description #	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	С	d	е .	adaga <b>f</b> agas	g	g	eng ikay <b>h</b> aing gal	beating,
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41	A THE THE PARTY OF	50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Stross Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$2,708,581	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	so
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)	404,050	\$39,676	\$8,938
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,705,934	\$1,357,104	\$0	\$318,446	\$194,801	\$328,710	\$344,916	\$54,698	\$98,321	\$8,938
8 Total Nursing Facility Days As Filed Days = 21,445	FY12 Audited C/R Days	21,445				·	·			• • • • • • • • • • • • • • • • • • • •	
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,966	FY 18 GL-PL Ins Rpt Days								21,966		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16,08	\$2.49	\$4.58	\$0.42
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2265								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	Į	\$51.59								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	ļ	\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4,58	\$0.42
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	İ
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$51.59	\$0,00	\$14.85	\$23.09	***	\$16.08	\$2,49	30.34 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.13	\$6.90	\$0,00	\$1.99	\$3.09	\$0,00	\$2.15	N/A	N/A	
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.99	\$58.49	\$0.00	\$1.99	\$3.09	\$0.00	\$18,23	\$2.49	\$30.34	N/A \$0,42
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	¥1.0233	1.7103	\$0.00	\$10,04	\$20.10	\$0.00	\$10,23	<b>\$2.49</b>	\$30.34	\$0.42
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.04								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194,54	\$100.04	\$0.00	\$16.84	\$26,18	\$0.00	\$18.23	\$2.49	\$30.34	\$0.42
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0,53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								1
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,00	\$3,00								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,22	\$4.53	\$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	\$216.76	\$104.57	\$0,00	\$17.06	\$26.18	\$0.00	\$35.70	\$2.49	\$30.34	\$0.42
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.75					***	,			

1	Provider: Magnolia Manor St. Simons	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (	CMI) Data		Facility <u>Specific</u> 1,2961	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours	C per On-Site Day/C	Itrly BIMS score		5.5% 3.0%	Ortely Monie	Quarterly	Medicaid CMI: Wght Options:		1.5803	1,4820
	MDG & Noise this Data per Quarter Enoung.	1231/15 Nuise Hours	per On-Site Day/C	dality incentive.	. 4,33	<b>3.</b> 076	Qritty Mcali	I CMI W RUG	wgnt Options:		1,6096	1.4569
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	380(38 <b>) 1</b> 486 (3)	g	g		00,001
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0,00	100.0% \$0.22	100.0% \$0.41		105.0%			
1	Emocroy wedsuic waxmums (see nile 20 to actual)	(see Policy Manual)		\$0.55	30,00	30.22	30.47		\$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	\$6,181,049	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147,316
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,089,374	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$803,837	\$96,061	\$639,477	\$147,316
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL Ins Rpt Days								36,015		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$150.54	\$76,80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15,78	\$3.63
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.2961								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	\$15,78	\$3.63
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	\$59,25	\$0.00	\$15.84	\$15.99		\$19,83	\$2.67	9.22	\$3.63
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$14.83	\$7.92	\$0.00	\$2.12	\$2.14	\$0.00	\$2.65	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$14.05	\$67.17	\$0.00	\$17.96	\$18.13	\$0.00	\$2.65	\$2.67	\$9.22	\$3.63
17		per Current Qtr End	\$141.20		\$0.00	\$17.90	\$10.13	\$0,00	\$22,46	\$2.07	\$9.22	\$3.63
18		Ln 16 x Ln 17		1.6096								
19		RS = Ln 18, AllOthr = Ln 16	6400.04	\$108.12	60.00	647.00	646.45	60.00	600.40	****		An co
19	Quarterly Medicaid CMA Allowed Per Diem	ING - ESI 10, MICHIII - ESI 16	\$182.21	\$108.12	\$0.00	\$17.96	\$18.13	\$0.00	\$22,48	\$2.67	\$9.22	\$3.63
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.95	\$5.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.24	\$3.24								

23

24

25

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

\$17.10

\$27.82

\$210.03

\$144.70

\$9.72

\$117.84

\$0.00

\$0.00

\$0.22

\$18.18

\$0.41

\$18.54

\$0.00

\$0.00

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$0.00

\$9.22

\$0.00

\$3,63

\$17.10

\$17,47

\$39.95

\$0,00

\$2.67

Provider:	Magnolia Manor Methodist Nursing Care		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00040785A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,3316	1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	38.7%	2.5%	Quarterly Medicaid CMI:	1,5121	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	4.58	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5401	1.4569
i								

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-	Particulate resident for the majority for properties of the Selection 18 files (18 files). The second of the selection of the second of the se		2010 <b>a</b> 660	ayensay <b>b</b> ijiyasa	C	ď	e (military)	18900 <b>1</b> 8900	g	g	3839999 <b>h</b> 394-523	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□ ⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$9,064,693	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)		(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL Ins Rpt Days								63,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Co! a	\$126.80	\$73.74	\$0,00	\$14.24	\$18.42	(with L&H)	\$14,77	\$3.00	\$2.10	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,3316</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55,38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.38	\$0.00	\$14,24	\$18,42		\$14.77	\$3,00	\$2,10	\$0.53
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	\$125.09	\$55,38	\$0,00	\$14.24	\$18.42		\$14,77	\$3.00	18.75	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.73	\$7.40	\$0.00	\$1.90	\$2.46	\$0.00	\$1,97	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.82	\$62.78	\$0,00	\$16,14	\$20.88	\$0.00	\$16.74	\$3.00	\$18,75	\$0,53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5401								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96,69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.73	\$96.69	\$0.00	\$16,14	\$20,88	\$0,00	\$16.74	\$3.00	\$18.75	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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						ĺ		
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$6.85	\$5.85	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.58	\$102.54	\$0.00	\$16.36	\$21.29	\$0.00	\$17.11	\$3.00	\$18.75	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.69			L			I	L		
l .	· *	1	1									

	Provider.	Manor Care Rehab Ctr of Marietta		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID:	00236211A							
	FIVEI ID.			Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,6382	1.3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	20.0%	1,0%	Quarterly Medicaid CMI:	1,1980	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.64	2,0%	Ortrly Meaid CMI w RUG Wight Options:	1,2153	1.4569
1							<del>-</del> .		

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
_	ASE MIX BASED RATE CALCULATIONS		а	b	C	d	е	1000000 A 1000000	g	g	h	jesteis to siti
۲												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,342,490	\$4,375,091	\$0	\$777,002	\$297,088	\$344,623	\$1,273,859	\$614,329	\$660,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$80,668	\$4,387	\$0	(\$1,184)	\$0	(\$14,347)	(\$110,201)		\$138,912	\$63,101
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	\$775,818	\$297,088	\$330,276	\$1,163,658	\$614,329	\$799,410	\$63,101
8	Total Nursing Facility Days As Filed Days ≠ 40,191	FY12 Audited C/R Days	40,191									}
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$209.79	\$108.97	\$0.00	\$19.30	\$15.61	(with L&H)	\$28,95	\$15.50	\$19.89	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,6382								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$66,52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0,00	\$19.30	\$15.61		\$28,95	\$15.50	\$19.89	\$1,57
13	Per Diem Standards (After Statewide CMA for Routine Saves)	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	\$150,02	\$66,52	\$0.00	\$18.41	\$15,61		\$20.56	\$15.50	11.85	\$1.57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.19	\$8,89	\$0.00	\$2.46	\$2.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.21	\$75.41	\$0.00	\$20.87	\$17,70	\$0.00	\$23.31	\$15.50	\$11.85	\$1.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	*140.21	1.2153		420.01	1	40.50	420.0.	\$10.50	\$11.00	\$1.57
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.45	\$91,65	\$0.00	\$20.87	\$17.70	\$0.00	\$23.31	\$15.50	\$11.85	\$1,57
	Quarterly Per Diem Add-on Amounts								***			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0,53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1,0% (to Routine Srvs)	La 19 Col b x CPS Add-on	\$0.92	\$0.92				•			40,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.83	\$1.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.79	\$3.28	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + l.n 24	\$203,24	\$94.93	\$0.00	\$20.87	\$18.11	\$0.00	\$40.41	\$15.50	\$11.85	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.61		1		L	L	1			L

State-

Facility

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

Facility

Add-on

	rovider: Manor Care Rehab Ctr of Decatur	_	Add-on Data and		Score	Percent 42.0724	Cas	se Mix Index ((			Specific	wide_
r	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance; Only BIMS score Quality Incentive;	26.8%	13.37% 1.0% 1.0%	Ortrly Meald		d Overall CMI: Medicaid CMI: Wght Options:		1,6688 1,1573 1,1708	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	by the	С	d	e de	- (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	g	g	segue gag <b>h</b> agastine	9899810,88
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											İ
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group  Bed Size Range within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,625,627	\$4,465,528	so	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$296,438)	(\$3,847)	so	\$731	\$0	(\$6,945)	(\$410,728)		\$54,437	\$69,914
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,329,189	\$4,461,681	\$0	\$841,327	\$382,254	\$383,363	\$1,319,882	\$162,679	\$708,089	\$69,914
8	Total Nursing Facility Days As Fited Days = 45,284	FY12 Audited C/R Days	45,284								•	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,247	FY 18 GL-PL Ins Rpt Days								41,247		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184.29	\$98.53	\$0.00	\$18.58	\$16.91	(with L&H)	\$29.15	\$3,94	\$15.64	\$1.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6688								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16,91		\$29.15	\$3.94	\$15.64	\$1.54
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	\$132.15	\$59.04	\$0.00	\$18.41	\$16,91		\$20.56	\$3,94	11.75	\$1.54
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15,36	\$7.89	\$0.00	\$2.46	\$2,26	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.51	\$66.93	\$0.00	\$20,87	\$19.17	\$0.00	\$23,31	\$3,94	\$11.75	\$1.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1708							·	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78,36								
19	Quarterly Medicaid CMA Atlowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$158.94	\$78.36	\$0.00	\$20,87	\$19.17	\$0.00	\$23.31	\$3,94	\$11.75	\$1.54
	Quarterly Per Diem Add-on Amounts								1			
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	İ
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78	- /		,,,,,		1		, ,,,,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.78	\$0.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterty Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19,60	\$2.09	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.54	\$80.45	\$0.00	\$20.87	\$19.58	\$0.00	\$40.41	\$3.94	\$11.75	\$1.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.08		·····	t		1	1	<u> </u>	1	!
	•	,	1 .= ,									

Provider: Maple Ridge Health Care Center Prvdr ID: 00534619A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; atrly BIMS score	30.2%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2349 1.5482 1.5747	State- wide 1.3617 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
		а	2000000 <b>b</b> ir 000	c	d	1150 - <b>e</b> 1150 (	10-4144 <b>*</b> 200-485	g	g	gades of <b>h</b> olls, give	attinij <b>i</b> zesa.
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$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	\$3,943,033	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$112,823)	\$182	\$0	\$0	\$0	\$46	(\$116,865)		(\$38,939)	\$42,753
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0	\$488,126	\$238,505	\$291,429	\$566,369	\$81,003	\$177,463	\$42,753
8 Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$149.99	\$76.16	\$0.00	\$19,12	\$20.76	(with L&H)	\$22.18	\$3.15	\$6.95	\$1.67
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2349</u>								
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$61.67								
Net Per Diems after Case Mix Adjstmt to Routine Srvcs     Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = En 11, AllOthr = En 9		\$61,67	\$0.00	\$19.12	\$20.76		\$22.18	\$3.15	\$6.95	\$1.67
	per Peer Group Limits Lesser of Ln 12 or Ln 13	****	\$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 of Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3,15	14,08 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.24	\$8,25	\$0,00	\$2.46	\$2.78	\$0.00	\$2.75	N/A	A/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.54	\$69.92	\$0.00	\$20.87	\$23,54	\$0,00	\$23.31	\$3.15	\$14.08	\$1.67
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.5747								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 15	\$196.72	\$110.10 \$110.10	\$0.00	\$20.87	\$23.54	\$0.00	\$23,31	\$3.15	\$14.08	\$1,67
To gauntary medicals dring particles 1 of blots	110 2110,7410411 41110	\$150.72	\$110.10	\$0.00	\$20.07	\$25.54	\$0.00	\$23,31	\$3.13	\$14.00	\$1.07
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$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	\$2.75	\$2.75								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi b x Sting Add-on	\$3.30	\$3.30								
23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	66.50	60.00	60.00	80.44	***	\$17.10			***
		\$24.09	\$6.58	\$0.00	\$0,00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$220,81	\$116.68	\$0.00	\$20.87	\$23.95	\$0.00	\$40,41	\$3.15	\$14.08	\$1.67
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.78									

1	ovider. McRae Manor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
Pi	vdr ID: 90141853A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19 Nurse Hours		owth Allowance; httly BIMS score quality Incentive;		13,37% 2.5% 3.0%	Qrtrly Mcaid		d Overali CMI; Medicaid CMI; Wght Options;		1.1896 1.6347 1.6658	1.3617 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	William of bridge for	C	d		lestivit <b>f</b> icações e	g	g	h h	<b>i</b> %
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	And And And And And And And And And And	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,454,848	\$3,010,284	\$0	\$743,007	\$470,789	\$341,250	\$631,741	\$208,660	\$49,117	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,559)	(\$7,083)	\$0	so	\$0	\$0	(\$108,476)		(\$32,426)	\$32,426
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,339,289	\$3,003,201	\$0	\$743,007	\$470,789	\$341,250	\$523,265	\$208,660	\$16,691	\$32,426
8	Total Nursing Facility Days As Filed Days = 45,488	FY12 Audited C/R Days	45,488								-	
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 40,423	FY 18 GL-PL ins Rpt Days								40,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$117.94	\$66.02	\$0.00	\$16.33	\$17.85	(with L&H)	\$11,50	\$5,16	\$0.37	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1896</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,50	\$0.00	\$16.33	\$17.85		\$11.50	\$5,16	\$0.37	\$0.71
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 En 12 or En 13	\$115.95	\$55.50	\$0.00	\$16.33	\$17,85		\$11.50	\$5.16	8.90 <i>(FRV</i> )	\$0,71
40	Quarterly Per Diem Rate Prior to Add-ons											
15 16	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwinc %	\$13.53	\$7.42	\$0.00	\$2.18	\$2.39	\$0.00	\$1.54	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Oir End	\$129,48	\$62,92	\$0,00	\$18,51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		<u>1,6658</u>								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.37	\$104.81 \$104.81	\$0.00	\$18,51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.39	\$6.29	\$0,00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.76	\$111.10	\$0.00	\$18.73	\$20.65	\$0.00	\$30.51	\$5.16	\$8.90	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$134.00									

# Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Meadow Park H&R Prvdr ID: 003167911A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs	W	ata and Percentages Growth Allowance: BiMS: Day/Quality Incentive:	Facility Score N/A 20.3% 3.90	Add-on Percent 13,37% 1.0% 3.0%		Quarter	(CMI) Data riod Overall CMI; ly Medicaid CMI; G Wght Options;		Facility Specific Use Stwd 1.7693 1.8015	State- wide 1,3617 1,4347 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
CASE MIX BASED RATE CALCULATIONS		a	b	СС	d	е	<u> </u>	<u> </u>		h	· i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$164.21 \$16.97 \$183.92 \$245.64	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.8015 \$138.74	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 71,803 26,195 \$ 2.74	\$30.58 \$30.58 \$30.58 (FRV Rate) \$30.58	
BIMS Add-on Per Diem = 1.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$1.39 \$4.16 \$17.10 \$22.65	\$1.39 \$4.16					17.10			
Quarterly Case Mix Based Per Diem Rate		\$268.29	\$144,29		\$19.83	\$24.87		\$39.24	\$2,74	\$30.58	\$6.74
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$188,39		+raw	···	7.2.00	427,01		999.24	92.14	330.30	30.74

Facility Add-on Facility State-Meadowbrook Healthcare Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide 00141864A Prvdr ID: Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.5049 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 55.0% 5.5% Quarterly Medicaid CMI: 1.8507 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Moaid CMI w RUG Wight Options: 2.42 2.0% 1.8859 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			a	ь	С	d d	е	and from	g	in green	h	ganet Lange
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$7,268,382	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317	\$3,088,178	\$0	\$610,803	\$380,079	\$425,652	\$878,584	\$41,092	\$1,208,538	\$91,391
8	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rpt Days								42,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$154.25	\$70.83	\$0.00	\$14.01	\$18,48	(with L&H)	\$20.15	\$0.96	\$27.72	\$2.10
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5049</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$47,07	\$0,00	\$14.01	\$18.48		\$20.15	\$0.96	\$27.72	\$2.10
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	\$116,84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07	\$2.10
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.32	\$6.29	\$0.00	\$1,87	\$2.47	\$0,00	\$2.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130,16	\$53,36	\$0.00	\$15.88	\$20,95	\$0.00	\$22.84	\$0.96	\$14.07	\$2.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8859								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 16 x Ln 17		\$100.63		-						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177,43	\$100,63	\$0.00	\$15.88	\$20.95	\$0.00	\$22.84	\$0.96	\$14.07	\$2.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1,47	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.31		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.53	\$5,53	40,00	40.22	45.71	40.00	40.01		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stros)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	12.01					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26,11	\$8,07	\$0,00	\$0.22	\$0.41	\$0.00	\$17.41	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.54	\$108.70	\$0.00	\$16.10	\$21.36	\$0,00	\$40.25	·	\$14.07	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) • 0,75	\$139,83		I	<u> </u>		1	1	I		

Facility Add-on Facility State-Provider: Medical Management H & R Score Specific Add-on Data and Percentages Percent Case Mix Index (CMI) Data wide Prvdr ID: 00141941A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4091 1.3699 Qtrly BIMS score 37.7% 2.5% Quarterly Medicaid CMI: 1.6519 1.4569 Case Mix Per Diem Rate Effective Date: 04/01/20 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.88 3.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.6842 1.4820

					Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
	ine	Description	Sources /	Totals	Services	Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
	#	2000.p.io.	Calculations		OCIVICOS	OCIVICCS		riouskprig	& Maint	General	modrance	Related	Insurance
				а	b	С	d	е	f	g	g	h	i
	_	ASE MIX BASED RATE CALCULATIONS											
	1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
		Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
		Peer Group Standards & Efficiency Measure Limits											
	2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$2,955,724	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$438,213	\$18,189	\$255,793	\$0
	6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$14,060)	\$0	\$0	\$0	\$0	\$0	(\$14,060)		(\$53,045)	\$53,045
	7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,941,664	\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53,045
	8	Total Nursing Facility Days As Filed Days = 31,340	FY13 Audited C/R Days	31,340									
		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$93.87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0.59	\$6.47	\$1.69
	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4091								
1	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
1	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	\$6.47	\$1.69
	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	
1	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60	\$1.69
		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
	15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$9.55	\$4.50	\$0.00	\$1.44	\$1.80	\$0.00	\$1.81	N/A	N/A	N/A
	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$90.79	\$38.13	\$0.00	\$12.18	\$15.26	\$0.00	\$15.34	\$0.59	\$7.60	\$1.69
1	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6842								
1	18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.22								
1	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$116.88	\$64.22	\$0.00	\$12.18	\$15.26	\$0.00	\$15.34	\$0.59	\$7.60	\$1.69
		Quarterly Per Diem Add-on Amounts											
	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
	21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.61	\$1.61		1						
	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93		1						
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.17	\$4.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
2	_	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$139.05	\$68.29	\$0.00	\$12.40	\$15.67	\$0.00	\$32.81	\$0.59	\$7.60	\$1.69
2	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$91.46									
- 1													

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

Provide	Memorial Manor Nursing Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID	00141919A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.2378	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	41,6%	2.5%	Quarterly Medicaid CMI;	1.1312	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3,19	2.0%	Ortrly Mcald CMI w RUG Wight Options:	1,1465	1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	i i i i i i i i i i i i i i i i i i i	C	d	e	the left see	g	g	h	State Line, or
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,807,259	\$2,851,922	\$0	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,797)	\$0	\$0	\$0	\$448	\$473	(\$17,963)		(\$15,413)	\$15,658
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days								35,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.07	\$74.89	\$0.00	\$34.40	\$20.41	(with L&H)	\$16,27	\$0.25	\$5.44	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2378	ļ							
11	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5.44	\$0,41
13	Per Diern 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 £n 12 or £n 13	\$135.46	\$60,50	\$0,00	\$29,15	\$20.41		\$16.27	\$0.25	8,47	\$0,41
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.90	\$8.09	\$0,00	\$3,90	\$2.73	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.36	\$68.59	\$0.00	\$33.05	\$23.14	\$0.00	\$18,45	\$0.25	\$8.47	\$0.41
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.1465								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ĺn 16 x l,n 17		\$78.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162,41	\$78,64	\$0.00	\$33.05	\$23.14	\$0.00	\$18.45	\$0,25	\$8.47	\$0.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$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	\$1.97	\$1.97		1			1			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$1,57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$4.07	\$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	\$184.36	\$82.71	\$0.00	\$33,05	\$23,55	\$0.00	\$35.92	\$0.25	\$8.47	\$0.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.45		I		1	1		1	<u> </u>	1

Provider:	Miller Nursing Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00141996A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,5198	1.3617
	Case Mix Per Diem Rate Effective Da	ite: 4/1/2020	Qlrly BIMS score	53.2%	5.5%	Quarterly Medicaid CMI:	2,1190	1.4820
	MDS & Nurse Hrs Data per Quarter Endi	ng: 12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	5.52	3.0%	Ortrly Meaid CMI w RUG Wght Options:	2.1593	1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
_			a	been been	С	d .	8	3600000 <b>f</b>   360000	g	g	13.753 Taga <b>h</b> 1353	glippe <b>1</b> 70-e z
בַ	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$4,809,129	\$2,459,929	\$0	\$670,972	\$313,374	\$257,269	\$885,680	\$38,601	\$183,304	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$190,045)	\$0	\$0	\$0	\$1,602	\$1,315	-		(\$8,820)	\$9,705
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,619,084	\$2,459,929	\$0	\$670,972	\$314,976	\$258,584	\$691,833	\$38,601	\$174,484	\$9,705
8	Total Nursing Facility Days As Filed Days = 33,710	FY12 Audited C/R Days	33,710									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,105	FY 18 GL-PL Ins Rpt Days								18,105		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.00	\$72.97	\$0.00	\$19,90	\$17.01	(with L&H)	\$20.52	\$2.13	\$5.18	\$0.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5198								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48,01	Ì							
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.01	\$0.00	\$19.90	\$17.01		\$20.52	\$2,13	\$5.18	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$117.46	\$48.01	\$0.00	\$19.90	\$17.01		\$20,52	\$2.13	9.60	\$0.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,09	\$6.42	\$0.00	\$2.66	\$2.27	\$0.00	\$2.74	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.55	\$54.43	\$0.00	\$22.56	\$19.28	\$0.00	\$23.26	\$2.13	\$9.60	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7.2	2.1593		V.2	4.0.20		V20,20	\$2.10	\$3.00	\$0,25
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.65	\$117.53	\$0.00	\$22.56	\$19.28	\$0.00	\$23,26	\$2.13	\$9.60	\$0.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,03		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$5.46	\$6.46					1		13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,53	\$3.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.28	\$10.52	\$0.00	\$0,22	\$0.41	\$0.00	\$17.13	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Lπ 24	\$222.93	\$128,05	\$0.00	\$22.78	\$19.69	\$0.00	\$40,39	\$2.13	\$9.60	\$0.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) • 0.75	\$154.37		<u> </u>		<u> </u>	l	<b></b>			

Provide Prvdr II		4/1/2020		owth Allowance: htdy BIMS score	43.0%	Add-on Percent 13.37% 2,5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1439 1.6679 1,7002	State- wide 1.3617 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
CASE	MIX BASED RATE CALCULATIONS		а	<b>b</b>	C	d	e	giving <b>f</b> ed. "	g	g	_3503550 <b>h</b> 5505	Ministr <b>i</b> cae
1 Cos	it Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe	r Group Standards & Efficiency Measure Limits eer Group Standards: Percentile eer Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 As	e Period Per Diem Allowed Amounts s Filed Cost Center Costs (Routine & Special Srvcs Combined) udit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,300,389 (\$53,458)	\$1,675,226 \$0	\$0 \$0	\$445,058 \$0	\$203,315 \$5,374	\$228,714 \$6,051	\$516,016 (\$65,940)	\$49,041	\$183,019 (\$25,858)	\$0 \$26,915
7 Co	ost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 30,869	FY12 Audited C/R FY12 Audited C/R Days	\$3,246,931 30,869	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
9 Ne	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,012 at Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$105.23	\$54.27 <u>1.1439</u>	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	30,012 \$1.63	\$5.09	\$0.87
12 Ne	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem et Per Diems after Case Mix Adjstmt to Routine Srvcs er Diem Standards (After Statewide CMA for Routine Srvcs)	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$47.44 \$47.44 \$71.51	\$0.00 \$0.00	\$14.42 \$18.41	\$14.37 \$23.09		\$14.58 \$20.56	\$1,63 \$0.00	\$5.09 N/A	\$0.87
	ise Period Case Mix Adjusted Allowed Per Diem irterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$103.20	\$47.44	\$0.00	\$14,42	\$14.37		\$14.58	\$1.63	9.89 (FRV)	\$0.87
15 Gr 16 CA	rowth Allowance Percentage = 13.37%  MA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End	\$12.14 \$115.34	\$6.34 \$53.78 1.7002	\$0,00 \$0.00	\$1.93 \$16,35	\$1.92 \$16,29	\$0.00 \$0.00	\$1.95 \$16.53	N/A \$1.63	N/A \$9.89	N/A \$0,87
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem uarterly Medicaid CMA Allowed Per Diem	i,n 16 x i,n 17 RS = Ln 18, AllOthr = Ln 16	\$153.00	\$91.44 \$91.44	\$0.00	\$16.35	\$16.29	\$0,00	<b>\$16.53</b>	\$1.63	\$9.89	\$0.87
20 Eff	rterly Per Diem Add-on Amounts ficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
22 Nu	MS Add-on Per Diem = 2.5% (to Routine Srvs)  Irse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Irsing Home Provider Fee	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.29 \$2.74 \$17.10	\$2.29 \$2.74					\$17.10			
	ital Quarterly Per Diem Add-on Amounts rterly Case Mix Based Per Diem Rate	Sum of Lns 20 thru 23 £n 19 + £n 24	\$23.66 \$176.66	\$5.56 \$97.00	\$0.00 \$0.00	\$0,22 \$16.57	\$0.41 \$16.70	\$0.00 \$0.00	\$17.47 \$34.00	\$0,00 \$1.63	\$0.00	\$0.00 \$0.87
26 Qua	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.67						1			

Provider Prvdr ID:			Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index ((		-	Facility Specific	State- wide
FIVUID	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p	_	trly BIMS score	33.3%	2.5% 3.0%	Ortrly Meale	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1.3464 1.5717 1.5977	1,3617 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
			а	Ь	С	d	e	35550 <b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g	g	iliga etch (College	gaare <b>t</b> ogen
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
ł	Period Per Diem Allowed Amounts											
1	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,879,579	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)		(\$5,435)	\$5,435
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,874,860	\$1,279,966	\$0	\$501,680	\$271,847	\$306,139	\$406,209	\$8,340	\$95,244	\$5,435
1	Fotal Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211									
l	Fotal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233	FY 18 GL-PL Ins Rpt Days								17,233	1	
1	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23,60	\$0.48	\$5.53	\$0.32
ì	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3464</u>								
1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55,24								
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0,00	\$29,15	\$33,58		\$23.60	\$0.48	\$5.53	\$0.32
1	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 Bas	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139,34	\$55.24	\$0.00	\$29.15	\$23,09		\$20.56	\$0.48	10.50 (FRV)	\$0,32
Quart	terly Per Diem Rate Prior to Add-ons										(0.00)	
15 Gro	with Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.13	\$7.39	\$0,00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
1	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.47	\$62.63	\$0.00	\$33.05	\$26,18	\$0.00	\$23.31	\$0.48	\$10,50	\$0.32
1	Quarterty Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5977</u>								
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.06								
19 Qua	arterfy Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193,90	\$100,06	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.48	\$10.50	\$0.32
Quart	terly Per Diem Add-on Amounts											
- 1	ciency 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 BIM	IS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22 Nur	se Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$3.00	\$3.00								
23 Nur	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,13	\$6,03	\$0,00	\$0.00	\$0.00	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.03	\$106.09	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.48	\$10,50	\$0.32
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$149.95									

1	ovider. Molena Nursing Home, Inc.	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (0 Base Perio	CMI) Data d Overall CMI	:	Facility Specific 1.2825	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours	oper On-Site Day/C	ltrly BIMS score luality Incentive:		#N/A 0.0%	Qrtrly Mcaid		Medicaid CMI Wght Options:		Stwde Stwde	1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
24.01			а		See Carrie	d	е	11000 <b>f</b> 12211	g	9	estallaggia <b>h</b> ess <sub>a s</sub> gaili	egreto.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$2,284,385	\$1,015,115	\$0	\$239,743	\$176,358	\$114,257	\$451,149	\$11,127	\$276,636	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,520)	\$0	\$0	\$0	\$0	\$0	(\$58,520)		(\$27,776)	\$27,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,225,865	\$1,015,115	\$0	\$239,743	\$176,358	\$114,257	\$392,629	\$11,127	\$248,860	\$27,776
8	Total Nursing Facility Days As Filed Days = 16,591	FY12 Audited C/R Days	16,591									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,244	FY 18 GL-PL Ins Rpt Days								19,244		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.07	\$61.18	\$0.00	\$14,45	\$17.52	(with L&H)	\$23.67	\$0.58	\$15.00	\$1,67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2825</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.70	\$0.00	\$14.45	\$17.52		\$23.67	\$0.58	\$15,00	\$1,67
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 En 12 or En 13	\$112.49	\$47.70	\$0,00	\$14.45	\$17.52		\$20.56	\$0.58	10.01 (FRV)	\$1.67
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.40	\$6.38	\$0,00	\$1.93	\$2.34	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.89	\$54.08	\$0.00	\$16.38	\$19,86	\$0.00	\$23.31	\$0.58	\$10.01	\$1.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		<u>1.4569</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78,79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$150.60	\$78.79	\$0.00	\$16,38	\$19,86	\$0.00	\$23.31	\$0.58	\$10.01	\$1.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = #N/A (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,00	\$0.00		1						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.00	\$0,00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$18.26	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	i.n 19 + i.n 24	\$168.86	\$79.32	\$0.00	\$16.60	\$20,27	\$0,00	\$40.41	\$0.58	\$10.01	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.82									

	Provider:	Montezuma Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
ı	Prvdr ID:	00142062A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2929	1,3617
l		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	54.7%	5.5%	Quarterly Medicaid CMI:	1,3816	1.4820
1		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3,66	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1,4016	1.4569
1									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1300			a	<b>b</b>	С	d	Anglighter Company	9900 <b>f</b> . 9900	g	g	As in the house	Market Parties
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,316,663	\$2,133,423	\$0	\$403,872	\$180,072	\$291,062	\$531,640	\$96,280	\$680,314	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,731)	\$35,731	\$O	(\$36,294)	\$0	\$0	(\$16,878)		(\$36,079)	\$33,789
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,296,932	\$2,169,154	\$0	\$367,578	\$180,072	\$291,062	\$514,762	\$96,280	\$644,235	\$33,789
8	Total Nursing Facility Days As Filed Days = 27,011	FY12 Audited C/R Days	27,011									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,343	FY 18 GL-PL Ins Rpt Days								29,343		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.80	\$80.31	\$0,00	\$13.61	\$17.44	(with L&H)	\$19,06	\$3.28	\$23.85	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2929								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.5 <del>1</del>	\$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	\$126.18	\$62.12	\$0.00	\$13,61	\$17.44		\$19.06	\$3.28	9.42	\$1.25
	Constants Day Disse Date Out and Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$15.01	\$8,31	\$0.00	\$1.82	\$2,33	\$0,00	\$2.55	N/A	N/A	N/A
16	<u> </u>	Ln 14 + Ln 15	\$141.19	\$70.43	\$0.00	\$1.02	\$19.77	\$0.00	\$2.55	\$3.28	\$9,42	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$141.15	1.4016	\$5,00	¥10.70	315.11	\$0.00	\$21.01	\$5.20	35,42	\$1.25
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98,71			:					
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169,47	\$98.71	\$0.00	\$15.43	\$19,77	\$0.00	\$21.61	\$3.28	\$9.42	\$1,25
			4.00.	••••		\$10,40	<b>Q</b> 10,,,,	40.00	V21.01	40.20	<b>4</b> 5.42.	\$1,20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5,43	\$5.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Cal b x Stfng Add-on	\$1.97	\$1.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26,03	\$7.93	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.50	\$106.64	\$0.00	\$15,65	\$20.18	\$0.00	\$39.08	\$3,28	\$9.42	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) ° 0.75	\$133.80									

1	ovider: Mountain View Health and Rehab Center vdr ID: 00143184A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: http://bims.score	30.4%	Add-on Percent 13.37% 2.5% 2.0%			d Overall CMf; Medicaid CMI;		Facility Specific 1.4052 1.4484 1.4726	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS		а	Alberte Die Halber	· · · · ·	d	<b>e</b>	esse f	g	g	1992	green tripery
1	Cost Center Peer Groups Type of Facility within Feer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222	\$2,100,958	so	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)	1.0,	(\$18,695)	\$16,671
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,024,592	\$2,100,958	\$0	\$453,658	\$294,658	\$321,988	\$557,778	\$19,473	\$259,408	\$16,671
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$111.29	\$58.07	\$0.00	\$12,54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4052								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0,59	\$7.17	\$0.46
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	\$94.88	\$41.32	\$0.00	\$12,54	\$17.04		\$15.42	\$0,59	7.51 (FRV)	\$0.46
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	244.54	20.50	***		40.00	***				
15 16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Giwin Allwine 75	\$11.54 \$106.42	\$5.52 \$46.84	\$0.00 \$0.00	\$1.68	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.42	1,4726	\$0,00	\$14.22	\$19.32	\$0.00	\$17,48	\$0.59	\$7.51	\$0.46
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$128.56	\$68,98	\$0,00	\$14.22	\$19.32	\$0.00	\$17,48	\$0.59	\$7.51	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.38	\$1.38							İ	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.73	\$3.63	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$150.29	\$72.61	\$0.00	\$14.44	\$19.73	\$0,00	\$34.95	\$0.59	\$7.51	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$99.89									

Facility Add-on Facility State-Muscogee Manor & Rehab Center Percent Add-on Data and Percentages \_Score\_ Case Mix Index (CMI) Data Specific wide\_ Prvdr ID: 00083223A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.2862 1.3617 Case Mix Per Diem Rate Effective Date; 4/1/2020 Otrly BIMS score 43,1% 2.5% Quarterly Medicaid CMI: 1.3229 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 3.0% Ortrly Meaid CMI w RUG Wight Options: 5,62 1.3444 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a 🧎	b	С	d ···	е	09886 <b>1</b> 0000	g	g	ng a <b>h</b> illings	agger <b>r</b> ger
C	ASE MIX BASED RATE CALCULATIONS											
1	Cast Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213	\$5,561,817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$437,974)	\$0	\$0	\$0	(\$122)	\$8,555	(\$450,916)		(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$258.50	\$129.05	\$0,00	\$32.76	\$28.28	(with L&H)	\$48,99	\$3.13	\$15.97	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2862</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$100,34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$100,34	\$0.00	\$32.76	\$28.28		\$48.99	\$3,13	\$15.97	\$0.32
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	\$166,52	\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$3.13	18.76	\$0,32
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$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	\$185.82	\$81,07	\$0.00	\$33.05	\$26.18	\$0.00	\$23,31	\$3.13	\$18.76	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	<b>4.00,02</b>	1.3444	40.00	400.00	\$20.10	ψ0.00	\$2,5,51	<b>\$0.10</b>	\$10.70	\$0.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108,99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.74	\$108.99	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$3,13	\$18.76	\$0.32
20	Quarterly Per Diem Add-on Amounts	Con Onton Manually										
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sling Add-on	\$2.72	\$2.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee	(Fixed Amount)	\$3.27 \$47.40	\$3.27					047.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$23.09	\$5.99	\$0,00	\$0.00	60.00	80.00	\$17.10	40.00		40.55
1							\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$236,83	\$114.98	\$0.00	\$33.05	\$26,18	\$0.00	\$40.41	\$3.13	\$18.76	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.80									

	ovider: Nancy Hart Nursing Center vdr ID: 00141336A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: etrly BIMS score		Add-on <u>Percent</u> 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2652 1.1635 1.1822	State- wide 1.3617 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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$2,678,272	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,631,287	\$1,275,431	\$0	\$338,274	\$194,675	\$183,725	\$412,838	\$57,540	\$139,220	\$29,584
8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,642	FY 18 GL-PL Ins Rpt Days								18,642		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.24	\$55.57	\$0.00	\$14.74	\$16.49	(with L&H)	\$17.99	\$3.09	\$6.07	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2652								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	\$6.07	\$1.29
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	\$104.66	\$43.92	\$0.00	\$14.74	\$16.49		\$17.99	\$3.09	7.14	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.45	\$5.87	\$0.00	\$1.97	\$2.20	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.11	\$49.79	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1822		·			·			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$58.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.18	\$58.86	\$0.00	\$16.71	\$18.69	\$0.00	\$20.40	\$3.09	\$7.14	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.18	\$1.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.28	\$3.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$147.46	\$62.04	\$0.00	\$16.93	\$19.10	\$0.00	\$37.87	\$3.09	\$7.14	\$1.29

\$97.77

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

State-

Facility

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

Facility

Add-on

	rovider: New Horizons Limestone	_	Add-on Data and		Score	Percent	Cas	se Mix Index ((		-	Specific	wide_
ļ , F	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: 2thy BIMS score 2uality Incentive:	22.7%	13,37% 1,0% 2,0%	Ortrly Meale		d Overall CMI: Medicaid CMI: Wght Options:		1.2251 1.2444 1.2617	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	all beautiful be	С	d	0	1986 <b>1</b> 863	g	g	h	igan inda <b>l</b> a nggar
<u>c</u>	ASE 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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,528,195	\$4,765,490	so.	\$907,894	\$514,762	\$679,003	\$1,120,927	\$62,740	\$477,379	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,118)	i	\$0	\$0	(\$10,806)	(\$14,256)		1	(\$15,554)	\$5,530
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$4,767,568	\$0	\$907,894	\$503,956	\$664,747	\$1,084,817	\$62,740	\$461,825	\$5,530
В	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490		-				1 4 1,00 1,011		7.0.,025	\$5,555
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,758	FY 18 GL-PL ins Rpt Days								41,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$190,22	\$107.16	\$0.00	\$20,41	\$26.27	(with L&H)	\$24.38	\$1.50	\$10,38	\$0,12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251							·	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diern 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	\$149.73	\$71.51	\$0,00	\$20.41	\$23.09		\$20,56	\$1.50	12.54	\$0.12
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$18.13	\$9.56	\$0.00	\$2.73	\$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	\$167.86	\$81.07	\$0.00	\$23.14	\$26.18	\$0.00	\$23.31	\$1.50	\$12.54	\$0.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2617	*	•====		****	1		7,2,01	70.12
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102,29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.08	\$102.29	\$0.00	\$23.14	\$26.18	\$0,00	\$23.31	\$1.50	\$12,54	\$0,12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02	45.00	45.22	\$5.00	40.00	\$5.00		\$5,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.39	\$3.07	\$0,00	\$0,22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.47	\$105,36	\$0.00	\$23.36	\$26.18	\$0,00	\$40.41	\$1.50	\$12,54	\$0.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144,28		L			i	I.	I		L
	-		1	1								

					Facility	Add-on		Facility	State-
	Provider:	New Horizons Lanier Park		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
	Prvdr ID:	00141072A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.2324	1.3617
1		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	35,4%	2.5%	Quarterly Medicaid CMI;	1.2068	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3.81	3.0%	Ortrly Moaid CMI w RUG Wight Options;	1.2235	1,4569
									1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	1.aundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
3 4 5 5			а	ь	С	d	e	1980 pr	g g	g	h	ufficient
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$7,482,558	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8,078	(\$32,683)		(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									
	Total Nursing Facility Days GL-PL Ins. Rpt As Fited Days = 40,693	FY 18 GL-PL ins Rpt Days								40,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$180.38	\$104.07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1.44	\$7.41	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2324								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0,00	\$21.28	\$22.81		\$23.28	\$1.44	\$7.41	\$0.09
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	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20,56	\$1,44	20.76	\$0.09
	Constant Bar Diag Bat Daire to Add and	·									(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$18.21	\$9.56	\$0.00	\$2.85	\$3.05	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$176.66	\$81.07	\$0.00	\$24.13	\$25.86	\$0.00	\$23,31	\$1.44	\$20.76	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$170.00	1.2235	\$0.00	\$2 <del>9</del> .10	\$25,00	30.00	\$20,01	\$1.44	\$20.70	\$0.09
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99,19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$194.78	\$99.19	\$0.00	\$24.13	\$25.86	\$0.00	\$23,31	\$1,44	\$20.76	\$0.09
	······································		4.1	******	*****		4	1				**
	Quarterly Per Diem Add-on Amounts							1				
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$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	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$5,46	\$0,00	\$0.22	\$0.21	\$0.00	\$17.10	\$0.00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.77	\$104.65	\$0.00	\$24.35	\$26.07	\$0.00	\$40.41	\$1.44	\$20.76	\$0.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.50									

Provider: New London Health Center Prvdr ID: 00494139A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20		vth Allowance: ly BIMS score	52.4%	Add-on Percent 13.37% 5.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4991 1.5549 1.5814	State- wide 1.3699 1.4569 1.4820
Line Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	TO ANY TIME (A) . MEAN Additionable desirable	<u>a</u>	<u> </u>	C	d	. е	f	9	9	h	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$8,670,898	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,311,902	\$185,098	\$2,372,780	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$97,723)		50	\$0	\$0	\$0	(\$97,723)	\$100,050	(\$72,835)	\$72,835
7 Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	1	\$0	\$738,448	\$335,832	1	\$1,214,179	\$185,098	\$2,299,945	\$72,835
8 Total Nursing Facility Days As Filed Days = 48,462	FY13 Audited C/R Days	48,462								7-,,- /-	4. 2,000
Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 48,366	FY 18 GL-PL Ins Rpt Days							ĺ	48,366		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.91	\$68.82	\$0.00	\$15.24	\$15.01	(with L&H)	\$25.05	\$3,83	\$47,46	\$1.50
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4991								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$45.91	\$0.00	\$15.24	\$15.01		\$25.05	\$3,83	\$47.46	\$1,50
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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$117.39	\$45,91	\$0.00	\$15.24	\$15.01		\$23.46	\$3,83	12.44 (FRV)	\$1,50
15 Growth Allowance Percentage = 13,4%	Ln 14 x Grwth Allwnc %	\$13.33	\$6.14	\$0.00	\$2.04	\$2.01	\$0.00	\$3,14			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.72	\$52.05	\$0,00	\$2,04 \$17,28	\$17.02	\$0.00	\$3.14	N/A \$3.83	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	0.002	1.5814	<b>45.00</b>	\$17.20	\$17.02	\$0.00	\$20,60	33.03	\$12.44	\$1.50
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tn 16 x Ln 17		\$82,31			]					
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.98	\$82,31	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50
Quarterly Per Diem Add-on Amounts			1							Ì	
20 Efficiency Add-on Per Diem ([Stnd - Aiwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		so.co	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4,53	\$4.53					55.00		\$5,55	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,65	\$1.65						[		
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	\$24,44	\$6.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.42	\$89.02	\$0.00	\$17.50	\$17.43	\$0.00	\$43.70	\$3.83	\$12.44	\$1.50
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$126.24		M	£	<del>:</del>			L		

Provi Prvdr		4/1/2020 12/31/19 Nurse Hours		owth Allowance: Nrly BIMS score	29.9%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2207 1.4330 1.4580	State- wide 1,3617 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
488 33			а	<b>b</b>	С	d		3559 <b>1</b> (20)	g	g	999,099,09 <b>h</b> 1999,099	Yarabi <b>l</b> agori
CAS	E MIX BASED RATE CALCULATIONS								Ì			
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Ва	ase Period Per Diem Allowed Amounts											
1 1	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$7,868,327	\$4,203,284	so	\$810,018	\$553,544	\$354,117	\$931,074	\$99,483	\$916,807	so
6 .	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,788)	(\$11,234)	\$0	so	\$0	\$0	(\$33,554)		(\$46,486)	\$46,486
7   1	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,823,539	\$4,192,050	\$0	\$810,018	\$553,544	\$354,117	\$897,520	\$99,483	\$870,321	\$46,486
8	Total Nursing Facility Days As Filed Days = 50,264	FY12 Audited C/R Days	50,264							]		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,359	FY 18 GL-PL Ins Rpt Days								31,359		
9 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	i.n 7 / Ln 8 Col a	\$156,84	\$83.40	\$0.00	\$16.12	\$18.06	(with L&H)	\$17.86	\$3.17	\$17,31	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2207								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32								
1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16.12	\$18,06		\$17.86	\$3.17	\$17,31	\$0,92
1 1	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 1	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$137.04	\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	12.59 (FRV)	\$0.92
Qı	uarterly Per Diem Rate Prior to Add-ons										(FKV)	
15 (	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.09	\$9.13	\$0.00	\$2,16	\$2.41	\$0.00	\$2.39	N/A	N/A	N/A
1 1	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$153.13	\$77.45	\$0.00	\$18.28	\$20,47	\$0.00	\$20.25	\$3.17	\$12.59	\$0.92
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Otr End		<u>1.4580</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.92								
19 (	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.60	\$112,92	\$0.00	\$18.28	\$20.47	\$0.00	\$20.25	\$3,17	\$12.59	\$0.92
Qı	uarterly Per Diem Add-on Amounts											
1 1	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22 1	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,39	\$3,39								
23 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.05	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Qu	uarterly Case Mix Based Per Diem Rate	Ln 19 + La 24	\$211.75	\$117.97	\$0.00	\$18.50	\$20.88	\$0.00	\$37.72	\$3.17	\$12.59	\$0.92
26 Qu	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$145.99					•				

Provider:	National Health Care of Rossville		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00083146A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,3032	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	17.1%	0.0%	Quarterly Medicaid CMI:	1,1184	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.72	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.1347	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	С	d	e	45500 <b>f</b> 53006	g	g	in the house	daysta 1, 1577
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,988,305	\$2,938,284	\$0	\$540,910	\$289,823	\$283,293	\$963,951	\$148,675	\$823,369	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)	,	(\$36,195)	\$36,195
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 Audiled C/R Days	35,819									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,316	FY 18 GL-PL Ins Rpt Days								32,316		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / Ln 8 Col a	\$161.50	\$81.92	\$0.00	\$15,21	\$16.04	(with L&H)	\$20.74	\$4.60	\$21,98	\$1.01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3032								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.86	\$0.00	\$15,21	\$16.04		\$20.74	\$4.60	\$21,98	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$129.55	\$62.86	\$0.00	\$15,21	\$16.04		\$20.56	\$4,60	9.27	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Lri 14 x Grwth Allwise %	\$15.32	\$8.40	\$0.00	\$2.03	\$2.14	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144,87	\$71.26	\$0.00	\$17.24	\$18,18	\$0.00	\$23,31	\$4.60	\$9.27	\$1.01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	¥	1.1347	70,00	¥111.27	7.0.10	\$0.00	42,0,0,	44.00	03.2.	VI.01
18	Qridy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = £n 16	\$154.47	\$80,86	\$0.00	\$17.24	\$18.18	\$0.00	\$23.31	\$4.60	\$9.27	\$1.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	1	******	45.41	<b>\$5.00</b>	\$5.00		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.43	\$2.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.69	\$2.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.16	\$83.82	\$0.00	\$17.46	\$18.59	\$0.00	\$40.41	\$4.60	\$9.27	\$1.01
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$118.55		1		l	l	1			L

		****			Facility	Add-on		Facility	State-
1	Provider:	NHC of Fort Oglethorpe		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific Specific	wide
	Prvdr ID:	00344759A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,4032	1,3617
1		Case Mix Per Diem Rate Effective Di	ile: 4/1/2020	Qtrly BIMS score	35.4%	2.5%	Quarterly Medicaid CMI;	1.3458	1,4820
		MDS & Nurse Hrs Data per Quarter End	ng: 12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.37	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3674	1.4569
ı									i

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12/21/2			8	b	С	d d	е	mycry <b>f</b> (2005)	g	g	attices has effect	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filled FY12 C/R -FY 2018 GL-PL Rpt	\$6,978,191	\$3,446,206	\$0	\$710,988	\$379,954	\$432,374	\$1,467,498	\$205,015	\$336,156	so
6 7	Audit Adjustments and Realiocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$380,131) \$6,598,060	(\$5,079) \$3,441,127	\$0 \$0	\$10,065 \$721,053	(\$160) \$379,794	(\$7,154) \$425,220	(\$377,661)	1 1	\$2,726 \$338,882	(\$2,868 (\$2,868
8	Total Nursing Facility Days As Filed Days = 43,776  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	43,776							44,860		
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$150,61	\$78.61 <u>1.4032</u> \$56.02	\$0.00	\$16.47	\$18,39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0.07)
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	\$127.85	\$56.02	\$0,00	\$16,47	\$18.39		\$20.56	\$4.57	11,91	(\$0.07
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.90	\$7,49	\$0.00	\$2.20	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.75	\$63.51	\$0.00	\$18.67	\$20,85	\$0.00	\$23,31	\$4.57	\$11.91	(\$0.07
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3674</u>								
18 19	Qrtriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	l.n 16 x l.n 17 RS = l.n 18, AliOihr = l.n 16	6455.00	\$86.84	***	040.07		***	****	24.53		(
19	Quarterly Medicald CMA Allowed Per Diem	KS = Lit 16, AROUNT = Lit 16	\$166,08	\$86.84	\$0.00	\$18.67	\$20.85	\$0.00	\$23.31	\$4.57	\$11.91	(\$0.07)
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$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	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.04	\$5.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.12	\$92.15	\$0.00	\$18.89	\$21.26	\$0.00	\$40.41	\$4.57	\$11.91	(\$0.07)
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.02									

	Provider:	Northeast Atlanta H & R Ctr.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID:	00426214A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4802	1.3617
1		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	48.8%	5.5%	Quarterly Medicaid CMI:	1,5907	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3,52	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.6175	1.4569
1									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
12.00			а	ь	C	d	Alterial (Control of the Control of	f	g	g	Complete has a process	gan (s <b>t</b> ras y
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Períod Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696	\$400,810	\$1,509,688	\$113,774
8	Total Nursing Facility Days As Filed Days = 52,637	FY12 Audited C/R Days	52,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL Ins Rpt Days								44,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$189.92	\$84.43	\$0,00	\$17.25	\$18.48	(with L&H)	\$29.94	\$8.98	\$28.68	\$2.16
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4802</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.04	\$0,00	\$17.25	\$18.48		\$29.94	\$8.98	\$28.68	\$2,16
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	\$136.40	\$57.04	\$0.00	\$17.25	\$18.48		\$20.56	\$8.98	11.93	\$2,16
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15,16	\$7,63	\$0,00	\$2,31	\$2,47	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.56	\$64,67	\$0.00	\$19.56	\$20.95	\$0.00	\$23,31	\$8,98	\$11.93	\$2.16
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6175								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$191.49	\$104.60	\$0.00	\$19.56	\$20.95	\$0.00	\$23.31	\$8.98	\$11.93	\$2,16
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00	İ	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srys)	En 19 Col b x CPS Add-on	\$5.75	\$5,75	1		+4.71	1	1		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$3,14	\$3.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27,15	\$9.42	\$0,00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.64	\$114.02	\$0.00	\$19.78	\$21.36	\$0.00	\$40.41	\$8.98	\$11.93	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.16		1	!l		<u> </u>	1	L		I

1	ovider: Northridge Hith & Rehab Ctr vdr ID: 00059331A  Case Mix Per Diem Rate Effective Date:	4/1/2020	Ċ	owth Allowance: Urly BIMS score	28.4%	Add-on Percent 13,37% 1,0%		Quarterly i	d Overall CMI; Medicaid CMI;		Facility Specific 1.3456 1.3416	State- wide 1.3617 1.4820
Line #	MDS & Nurse Hrs Data per Quarter Ending: Description	12/31/19 Nurse Hours p  Sources / Calculations	er On-Site Day/O	Routine Services	4.07 Special Services	3,0% Dietary	Qrtrly Mcaid Laundry & Houskpng	Plant Operatos & Maint	Wght Options:  Admin and General	A&G- GL-PL Insurance	1.3632 Property and Related	1.4569 Taxes and Insurance
			2012 a 1014 C	ь	C	d.	e	<b>f</b>	g	g	h	00000100000
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			Add by the property of the pro
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,213,088	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$759,019) \$8,454,069	\$792,763 \$4,830,252	\$0 \$0	\$0 \$966,434	\$1,456 \$430,900	(\$29,226) \$680,568	(\$1,556,120) \$979,649	\$170,418	\$32,108 \$395,848	\$0 \$0
8	Total Nursing Facility Days  As Filed Days ≈ 56,193  Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days ≈ 56,103	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	56,193						***	56,103	·	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs Base Period Facility <u>Case Mix Ind</u> ex for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$150.45	\$85.96 1.3456	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3,04	\$7.04	\$0.00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$63.88								
12	Net Per Dierns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63,88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00
13	Per Diern 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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3,04	10.01 (FRV)	\$0.00
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$15.81	\$8,54	\$0.00	\$2,30	\$2.54	\$0.00	\$2.33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.15	\$72.42	\$0.00	\$19.50	\$22.42	\$0.00	\$19.76	\$3.04	\$10.01	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.3632							- 1	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173,45	\$98.72	\$0.00	\$19.50	\$22.42	\$0.00	\$19.76	\$3.04	\$10,01	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cel b x Sifng Add-on	\$2.96	\$2.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.58	\$4.48	\$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	\$196.03	\$103.20	\$0.00	\$19.72	\$22.83	\$0.00	\$37.23	\$3.04	\$10.01	\$0.00
26	Quarterly Per Dìem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$134.20									

	Provider: Nursecare of Buckhead  Prvdr ID: 00142183A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20		wth Allowance: rly BIMS score	Score N/A 23.8% 3.02	Add-on Percent 13.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3783 1,3691 1,3913	State- wide 1,3699 1,4569 1,4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	<u>b</u>	C	<u>d</u>	е	f	9	9	h	<u> </u>
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90,0% 100.0%	85.0% 100.0%		50.0% 105,0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY13 C/R	540 444 606	CC COC C (0	•		4555 555					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	\$0
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	(\$228,212) \$12,916,414	\$5,635,643	\$0 \$0	\$0	\$0	\$0	(\$228,212)	1	(\$250,820)	
8	Total Nursing Facility Days As Filed Days = 77,604	FY13 Audited C/R Days	77,604	\$5,035,043	<b>\$</b> 0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
-	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days	77,654			1				70 000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166,53	\$72.62	\$0.00	\$15,27	\$19,08	(with L&H)	605.00	76,020		
10		from 4 gtrs of FY10	\$100.53	1.3783	\$0.00	\$15.27	\$19,00	(With Larry	\$25,22	\$3.64	\$27.47	\$3,23
11		Ln 9 / Ln 10		\$52.69								
12		RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27,47	62.00
13	1	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$3.64	\$21.41 N/A	\$3,23
14	, , , , , , , , , , , , , , , , , , , ,	Lesser of Ln 12 or Ln 13	\$126.95	\$52.69	\$0.00	\$15.14	\$19.08		\$23.46	\$3,64	9.58	\$3.23
	Quarterly Per Diem Rate Prior to Add-ons		0.20.50	402.00	\$5.55	\$10.21	\$15.00		323.40	\$3,64	9.56 (FRV)	\$3.23
15	1 -	Ln 14 x Grwth Allwnc %	\$14.77	\$7.04	\$0.00	\$2.04	\$2.55	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.72	\$59.73	\$0.00	\$17,31	\$21.63	\$0.00	\$26.60	\$3.64	\$9.58	\$3.23
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.3913			427.00	00.00	\$20.00	\$5.04	\$3,50	\$5.20
18	i i	Ln 16 x Ln 17		\$83.10								
19		RS = Ln 18, AllOthr = Ln 16	\$165.09	\$83.10	\$0,00	\$17.31	\$21.63	\$0.00	\$26.60	\$3.64	\$9.58	\$3.23
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BiMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83							. 3.22	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66						1		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.75	\$3.02	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$185.84

\$126.56

\$86.12

\$0.00

\$17.53

\$22.04

\$0.00

\$43.70

\$3.64

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$9.58

\$3.23

Facility Add-on Facility State-Oak View Home - Waverly Hall Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142249A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.2630 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 38.5% 2.5% Quarterly Medicaid CMI: 1.3225 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.18 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.3440 1,4569

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS		а	Ь	C	d	е	1995/89 <b>f</b> (2014)	g	g	h	10.009 <b>4</b> 0.000
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	All Dect Gizes	50.0% 105.0% \$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	\$4,469,447	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	\$286,096	\$546,029	\$96,019	\$139,073	\$16,476
8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days								35,806		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8 Cola	\$128.56	\$74.58	\$0.00	\$14,24	\$16.68	(with L&H)	\$15.86	\$2.68	\$4.04	\$0.48
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2630								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / £n 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16,68		\$15.86	\$2.68	\$4.04	\$0.48
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	\$117.28	\$59.05	\$0.00	\$14.24	\$16.68		\$15.86	\$2.68	8.29	\$0.48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,14	\$7,89	\$0.00	\$1.90	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 ÷ ្រា 15	\$131.42	\$66.94	\$0,00	\$16.14	\$18.91	\$0.00	\$17.98	\$2.68	\$8.29	\$0.48
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3440						·		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89,97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.45	\$89,97	\$0,00	\$16.14	\$18.91	\$0,00	\$17.98	\$2.68	\$8.29	\$0,48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$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	\$2.25	\$2.25					72.01		13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.03	\$95.45	\$0,00	\$16.36	\$19.32	\$0.00	\$35.45	\$2.68	\$8,29	\$0.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.70		L	L	1		l			

Facility Add-on Facility State-Oakview Health & Rehab Center Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142238A Growth Allowance; N/A 13.37% Base Period Overall CMI; 1.2538 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 36.8% 2.5% Quarterly Medicaid CMI; 1.5433 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; Orldy Moaid CMI w RUG Wight Options: 3.0% 3.20 1,5720 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
jalen:			8	ggijatik <b>b</b> ransasi	C	d	e	0,55055 <b>f</b> (1995)	986 <b>9</b> 866	9	Significant to the significant of the significant o	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS	AMA					-					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			Andrea de la constanta de la c
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$7,465,862	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	\$22,934
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln.7/Ln.8 Cola	\$142.92	\$76,07	\$0.00	\$14.93	\$19,87	(with L&H)	\$18.32	\$2.74	\$10.55	\$0.44
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.2538</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18,32	\$2.74	\$10.55	\$0,44
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	\$132.55	\$60.67	\$0,00	\$14.93	\$19.87		\$18.32	\$2.74	15,58	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Le 14 x Greth Allenc %	\$15.22	\$8,11	\$0,00	\$2.00	\$2.66	\$0.00	\$2.45	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.77	\$68.78	\$0.00	\$16.93	\$22.53	\$0.00	\$20.77	\$2.74	\$15.58	\$0.44
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.5720	, , , , , ,	•		70.00	<b>425</b> ,111	<b>4.2.7</b> .	\$10.00	45.17
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108,12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.11	\$108.12	\$0.00	\$16.93	\$22,53	\$0.00	\$20.77	\$2.74	\$15,58	\$0.44
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Ahwd] x .75, up to max, or 0)	(see 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)	En 19 Col b x CPS Add-on	\$2.70	\$2.70	72.00	40.22	45.41	Ψ2,00	40.01		\$3,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,24	\$3.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,57	\$6.47	\$0.00	\$0,22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + En 24	\$211.68	\$114.59	\$0.00	\$17.15	\$22.94	\$0.00	\$38.24	\$2.74	\$15.58	\$0.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.94			F						<u> </u>

## Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Oceanside Health & Rehab - Tybee Prvdr ID: 003188970A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance; BIMS: a Day/Quality Incentive:	15.9%	Add-on Percent 13.37% 0.0% 1.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1,5855 1,6151	State- wide 1.3617 1.4347 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
CASE MIX BASED RATE CALCULATIONS		<u>  a  </u>	<u>b</u>	<u> </u>	<u>d</u>	<u>e</u>	<u>f</u>	<u>g</u>	1	h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$143.35 \$16.97 \$163.13 \$210.50	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.6151 \$124.38	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$16.46 \$16.46 \$16.46 (FRV Rale)	\$0.00
Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 0.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%  Nursing Home Provider Fee		\$0.00 \$1.24 \$17.10	\$0,00 \$1.24		\$10.00	<i>924.01</i>		\$22.14	\$2.81	\$16.46	\$0,00
Total Quarterly Per Diem Add-On Amounts		\$18,34									
Quarterly Case Mix Based Per Diem Rate		\$228.84	\$125.63		\$19.83	\$24.87		\$39,24	\$2.81	\$16.46	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$158.80										

1	rovider: Oconee Health & Rehab		Add-on Data and		Facility Score N/A	Add-on Percent	Cas	se Mix Index ((		_	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: Qtrly BIMS score Quality Incentive:	38.1%	13.37% 2.5% 3.0%	Ortrly Moaid		d Overall CMI: Medicaid CMI: Wght Options:		1.1620 1.2067 1.2261	1,3617 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
			а		in a contract	d	е	10000 <b>1</b> 00000	g	g	desimis <b>h</b> i dada	:/ <b>i</b>
<u>c</u>	ASE MIX BASED RATE CALCULATIONS										***************************************	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$2,430,942	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$341,229	\$47,879	\$206,189	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,617)	\$0	\$0	\$0	\$0	\$0	(\$8,617)		(\$8,381)	\$8,381
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$218,516	\$332,612	\$47,879	\$197,808	\$8,381
8	Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14,885									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 17,204	FY 18 GL-PL ins Rpt Days								17,204		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.30	\$78.57	\$0.00	\$19.22	\$25,53	(with L&H)	\$22.35	\$2.78	\$13,29	\$0.56
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1620								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67,61	\$0,00	\$19.22	\$25,53		\$22.35	\$2.78	\$13,29	\$0.56
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	\$142.86	\$67.61	\$0.00	\$18,41	\$23.09		\$20.56	\$2.78	9.85	\$0.56
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.34	\$9.04	\$0.00	\$2,46	\$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	\$160,20	\$76.65	\$0.00	\$20.87	\$26,18	\$0,00	\$23,31	\$2.78	\$9,85	\$0,56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.2261		·				1	, , , , , , , , , , , , , , , , , , , ,	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lπ 16 x Ln 17		\$93.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	\$177.53	\$93,98	\$0,00	\$20.87	\$26.18	\$0,00	\$23,31	\$2.78	\$9.85	\$0.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0,53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2,35	40,00	40.00	\$5.00	\$5,50	\$5,00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,80	\$5.70	\$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	\$200.33	\$99.68	\$0.00	\$20,87	\$26.18	\$0.00	\$40.41	\$2.78	\$9.85	\$0.56
			1		,	,	L	1	L	L	77.00	700

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$137.42

(Ln 25 - Ln 23) \* 0.75

	Provider,	Oconee Regional SNF		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID:	00947658A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	2,1590	1.3617
- 1		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	50.0%	5.5%	Quarterly Medicaid CMI:	1,5415	1.4820
-		MDS & Nurse Hrs Data per Quarter Ending;	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	7,57	0.0%	Ortrly Meald CMI w RUG Wight Options:	1,5720	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
2.56				Mary bring the	C	d	8	hija kita <b>t</b> anyana	(144) <b>g</b> (141)	g	h	065 00 <b>1</b> 000 0
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,025)	\$0	\$0	\$0	\$0	\$0	(\$26,025)		(\$3,258)	\$3,258
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,786,698	\$765,901	\$0	\$176,858	\$67,047	\$204,465	1	\$20,101	\$301,762	\$3,258
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356									
İ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days								2,003		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$834.41	\$228.22	\$0.00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89,92	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.1590								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$105,71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$105.71	\$0.00	\$52.70	\$80,90		\$371.66	\$10.04	\$89,92	\$0.97
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	\$176.93	\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$10.04	21,61	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Lp 14 x Greth Allerne %	\$19.30	\$9.56	\$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	\$196,23	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$2,73	\$10,04	\$21.61	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$105,E5	1.5720	40.00	400.00	\$20.10	<b>\$0.00</b>	10,010	\$10,04	\$21.01	\$0.51
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x £n 17		\$127.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AflOthr = Ln 16	\$242.60	\$127.44	\$0,00	\$33.05	\$26.18	\$0.00	\$23.31	\$10,04	\$21.61	\$0.97
							,		,			
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.01	\$7.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Stres)	En 19 Coi b x Sting Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ATT -:			***		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$7.01	\$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	\$266.71	\$134.45	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$10,04	\$21.61	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0,75	\$187.21									

	Provider;	Orchard Health and Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID:	00142656A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	0.9752	1,3617
		Case Mix Per Diem Rate Effective Date;	4/1/2020	Qtrly BIMS score	32.1%	2.5%	Quarterly Medicaid CMI:	1.2814	1,4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3045	1,4569
- [									1

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	500 <b>b</b>	C	d ·	e	elenge <b>t</b> region	g	9 ( <b>g</b>	fiyalikara <b>h</b> masikari	ar (9 <b>1</b> 0apan)
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,470,207	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7	Cost Center Costs After Audit Adjustments	FY12 Audiled C/R	\$3,427,119	\$1,885,676	\$0	\$410,260	\$203,048	\$216,850	\$467,781	\$100,590	\$129,412	\$13,502
8	Total Nursing Facility Days As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 29,624	FY 18 GL-PL ins Rpt Days								29,624		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0,00	\$13.88	\$14.21	(with L&H)	\$15.83	\$3.40	\$4.38	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>0.9752</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65,44	\$0,00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
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	\$120.71	\$65.44	\$0.00	\$13.88	\$14,21		\$15.83	\$3.40	7.49	\$0,46
	Outstands Base Pierra Bate Politicate Add a co										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,63	\$8.75	\$0.00	\$1.86	\$1,90	\$0,00	\$2.12	N/A		.,,,
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14+Ln 15	\$135.34	\$6.75 \$74,19	\$0.00	\$1.00	\$1,90	\$0.00	\$2.12	\$3,40	N/A \$7.49	N/A \$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$133,34	1.3045	\$0,00	210.14	\$10.11	\$0.00	\$17.95	\$3,40	\$1.49	\$0.46
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$96.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.93	\$96.78	\$0,00	\$15.74	\$16,11	60.00	\$17.95	\$3,40	<b>67.40</b>	60.46
"	Quarterly intedicate Civia Allowed Fell Dieth	10-0110,2000-0110	\$157.95	\$90,76	\$0,00	\$10.74	\$10.11	\$0.00	\$17.95	\$3,40	\$7.49	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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 = 3.0% (to Routine Srvcs)	En 19 Col b x Sifng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.95	\$5.85	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.88	\$102.63	\$0,00	\$15.96	\$16.52	\$0.00	\$35.42	\$3,40	\$7.49	\$0.46
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.59								'	

## Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Orchard View Rehab & Skilled NC	V	Add-on Da	ta and Percentages	Facility Score	Add-on Percent	***************************************	Case Mix Index	(CMI) Data		Facility Specific	State wide
Prvdr ID: 00142117A			Growth Allowance:	N/A	13.37%			iod Overall CMI:		1.2690	1.361
H/B ?: No Case Mix Per Diem Rate Effective Date:	04/01/20		BIMS:	43.1%	2.5%			ly Medicaid CMi:		1.2836	1.434
MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nur	se Hours per On-Site	Day/Quality Incentive:	4.67	3.0%	Ortrly M		G Wght Options:		1.3039	
		•				and the	odia om Wito	o regin options.		1.3039	1.459
Line ·	C		Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	. Taxes
# Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns	and	Insurance	and	and
	Calculations					Troughplig	& Maint	General	msurance	Related	Insurar
CASE MIX BASED RATE CALCULATIONS		<u>a</u> .	b	С	d	е	<u>f</u>	<u>. 9</u>	:	h	i
Cost Center Peer Groups per Selected Options		1 1	4	۱ .		! .					
Type of Facility within Peer Group			All Facilities	All Facilities	Z Consideration	7	1	11	<b>!</b>		
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	Freestanding	All Facilities	All Facilities	All Facilities			1
Peer Group Standards & Efficiency Measure Limits			All Dea Sizes	All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards; Percentile			90.0%	90.0%	90.0%	05.000					i
Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	85.0% 100.0%		50.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		105.0%	i i		
Per Diem Costs and Add-ons			ψ0.00	\$0.00	\$0.22	30.47	i	\$0.37			
GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rot							ľ	l <b>.</b>		
Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								\$ 162,156		
Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		600.50	65,190		
Allowed @ 95% of Std	, ,	\$164,90	\$67.93		\$10.41	\$23.09		\$20,56		\$38,01	
Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$21.94		\$19.53		\$38.01	ı ş
CMA Allowed Per Diem (After Growth, Alowance)		\$184.36	\$77.01		\$19.83	\$2.83		\$2.61 \$22.14	\$ 2.49	\$38.01	1
Quarterly Facility Case Mix Index for Medicaid Residents			1.3039		010.00	52.4.61		322.14	\$ 2.49		\$0
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$100,42							(FRV Rate)	i
Quarterly Medicaid CMA Allowed Per Diem		\$207.76	\$100.42		\$19.83	604.55					
Quarterly Per Diem Add-On Amounts		\$207.70	\$100,42		\$18.83	\$24,87		\$22.14	\$2.49	\$38.01	\$0
BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$2.51	\$2,51								
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.01	\$3.01			:					
Nursing Home Provider Fee		\$0.00	\$3,01								
Total Quarterly Per Diem Add-On Amounts		\$5.52						0.00			
Quarterly Case Mix Based Per Diem Rate		\$213.28	\$105.94		\$19.83	\$24.87		\$22.14	\$2,49	\$38.01	so
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$159.96				710.00	327.01	l	322.14	\$2,49	\$36.01	30.

1	Provider: Oxley Park Health & Rehab Prvdr ID: 00143316A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: trly BIMS score		Add-on Percent 13.37% 0.0% 2.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3255 1.3427 1.3655	State- wide 1.3617 1.4820 1.4569
Line #	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3.00			а	ь	c	d	e	46.06 <b>6</b>	g	g	and the second	and the second
<u>C</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$6,249,016	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077

1000			<b>a</b>	Э	С	d	<b>e</b>		g	g	and the second	
1	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	,	1	1	1			
	Type of Facility within Peer Group	(Saut Silo) (Sautau)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100,0%	100.0%	100.0%	100,0%		105,0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$6,249,016	\$3,266,179	so.	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)	,	(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231	FY12 Audited C/R Days	42,231	·						. ,		,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY 18 GL-PL Ins Rpt Days								36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$147,79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19,66	\$2.73	\$17,12	\$0,90
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.3255								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$58,35	\$0.00	\$14.23	\$15.81		\$19,66	\$2.73	\$17.12	\$0,90
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	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	\$128,28	\$58.35	\$0.00	\$14.23	\$15.81		\$19,66	\$2.73	16.60	\$0.90
										·	(FRV)	
1	Quarterly Per Diem Rate Prior to Add-ons											1
15	<u> </u>	Ln 14 x Grwth Allwnc %	\$14.44	\$7.80	\$0.00	\$1.90	\$2.11	\$0.00	\$2.63	N/A	N/A	N/A
16	,	Ln 14 + Ln 15	\$142.72	\$66.15	\$0,00	\$16,13	\$17. <del>9</del> 2	\$0.00	\$22.29	\$2.73	\$16,60	\$0.90
17		per Current Qtr End		<u>1.3655</u>								
18		Ln 16 x Ln 17		\$90,33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.90	\$90.33	\$0.00	\$16.13	\$17.92	\$0.00	\$22.29	\$2.73	\$16.60	\$0,90
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.00	\$0,00		77.22	-5.44		45.51		55.00	
22		Ln 19 Col 5 x Sting Add-on	\$1.81	\$1.81								
23	· · · · · · · · · · · · · · · · · · ·	(Fixed Amount)	\$17,10	7					\$17.10			
24		Sum of Lns 20 thru 23	\$20.44	\$2.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.34	\$92.67	\$0.00	\$16.35	\$18,33	\$0.00	\$39.76	\$2.73	\$16.60	\$0.90
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$127.68		l			l				
1	· ·	1										

Facility Add-on Facility State-Palemon Gaskins Nursing Home Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142326A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,2317 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 34.8% 2.5% Quarterly Medicaid CMI: 1,3193 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 4.57 3.0% Ortrly Moaid CMI w RUG Wight Options: 1,3412 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
		а	b	С	d	e	49989 <b>1</b> 69999	g g	g	No en en en en en en en en en en en en en	38.50 <b>1</b> .55.50
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups     Type of Facility within Peer Group     Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			A. A. A. A. A. A. A. A. A. A. A. A. A. A
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts  5 As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	******									
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	\$1,944,881 (\$11,393) \$1,933,488	\$892,655 (\$787) \$891,868	\$0 \$0 \$0	\$391,990 \$0 \$391,990	\$129,464 \$145 \$129,609	\$196,552 (\$7,449) \$189,103	\$216,971 (\$3,302) \$213,669	\$39,793 \$39,793	\$77,456 (\$1,189) \$76,267	\$0 \$1,189 \$1,189
8 Total Nursing Facility Days As Filed Days = 10,670 Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 10,104	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	10,670							10,104	·	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qlrs of FY12 Ln 9 / Ln 10	\$181,43	\$83.59 <u>1.2317</u> \$67.87	\$0.00	\$36,74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$67.87	\$0.00	\$36.74	\$29.87		\$20.03	\$3.94	\$7,15	\$0.11
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)  14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$156.04	\$71.51 \$67.87	\$0.00 \$0,00	\$29,15 \$29,15	\$23.09 \$23.09		\$20,56 \$20,03	\$0.00 \$3.94	N/A 11.85	\$0.11
,		\$100.04	<b>401.07</b>	\$0,00	\$25.10	\$2,0,03		\$20.03	\$3,94	(FRV)	\$0.11
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$18,74	\$9.07	\$0.00	\$3.90	\$3.09	\$0.00	\$2.68	N/A	N/A	. LIFA
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Otr End	\$174.78	\$76.94 1.3412	\$0.00	\$33.05	\$26.18	\$0.00	\$2.66	\$3.94	\$11.85	N/A \$0.11
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	\$201.03	\$103.19 \$103.19	\$0.00	\$33,05	\$26.18	\$0.00	\$22.71	\$3.94	\$11.8 <b>5</b>	\$0.11
Quarterly Per Diem Add-on Amounts										-	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,90	\$0,53	\$0.00	\$0.00	\$0.00	\$0.00	\$0,37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.10	\$3.10								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.68	\$6.21	\$0,00	\$0.00	\$0,00	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.71	\$109,40	\$0.00	\$33.05	\$26.18	\$0.00	\$40.18	\$3.94	\$11.85	\$0.11
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$155.71							1		

Facility Add-on State-Facility Park Place Nursing Facility Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00002164A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2699 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score #REF! #REF! Quarterly Medicald CMI: 1.3884 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.29 2.0% Ortrly Moaid CMI w RUG Wight Options: 1.4135 1.4569

Line Pescription	Sources / Calculations	Totats	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a e	<b></b>	C	ď	<u> </u>	38.8 <b>f</b> (0.8)	g	g	Garantingga	agrications.
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			L <sub>p</sub>
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Stycs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$7,751,354 (\$582,209)	\$4,322,740 (\$98,808)	\$0 \$0	\$858,886 \$6,084	\$423,220 \$8,854	\$448,248 (\$4,868)	\$807,710 (\$207,568)	\$347,845	\$542,705 (\$363,773)	\$( \$77,870
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 57,271 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days	\$7,169,145 57,271	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845 58,793	\$178,932	\$77,870
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$125.02	\$73.75 <u>1.2699</u>	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9/Ln 10 RS = Ln 11, AliOlhr = Ln 9		\$58.07 \$58.07	\$0,00	\$15.10	\$15.29		\$10,48	\$5,92	\$3.12	\$1.36
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) 14 Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$120.25	\$71.51 \$58.07	\$0.00 \$0.00	\$18,41 \$15.10	\$23.09 \$15.29		\$20.56 \$10.48	\$0,00 \$5.92	N/A 14.03	\$1.36
Quarterly Per Diem Rate Prior to Add-ons				_						(FRV)	
15 Growth Allowance Percentage = 13.37%  16 CMA Allowed Per Diem (After Growth Allowance Add-on)  17 Quarterly Facility Case Mix Index for Medicaid Residents  18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$13.22 \$133.47	\$7.76 \$65.83 <u>1.4135</u> \$93.05	\$0.00 \$0.00	\$2.02 \$17,12	\$2.04 \$17,33	\$0.00 \$0.00	\$1.40 \$11.88	N/A \$5.92	N/A \$14,03	N/A \$1,36
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160,69	\$93.05	\$0.00	\$17.12	\$17.33	\$0.00	\$11.88	\$5.92	\$14.03	\$1.36
Quarterly Per Diem Add-on Amounts  20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  21 BIMS Add-on Per Diem = #REF! (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$0.00	\$0.53 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$1.86 \$17.10	\$1.86					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.49	\$2.39	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate 26 Quarterly Per Diem Rate for Bed Hold and Leave Days	Ln 19 + Ln 24 (Ln 25 - Ln 23) † 0,75	\$181.18 \$123.06	\$95.44	\$0.00	\$17.34	\$17.74	\$0.00	\$29.35	\$5,92	\$14.03	\$1.38

					,		Routine	Special	5	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
			MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours p	er On-Site Day/C	Quality Incentive:	3.07	2.0%	Qrtrly Mcai	d CMI w RUG	Wght Options:	:	1.7272	1.4820
			Case Mix Per Diem Rate Effective Date:	4/1/2020		C	Otrly BIMS score	37.5%	2.5%		Quarterly	Medicaid CMI:	:	1.6968	1.4569
	Prvdr ID:	00141127A				Gr	owth Allowance:	N/A	13.37%		Base Perio	d Overall CMI:	:	1.3029	1.3617
	Provider:	Parkside Ellijay				Add-on Data and	Percentages	Score	Percent	Ca	se Mix Index (	CMI) Data	_	Specific .	wide
ı								Facility	Add-on					Facility	State-

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
			α	Б	C	u		•	9	9	"	
<u> </u>	ASE 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 Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		(=== ,,,		70.00	70.00	70	<b>, , , , , , , , , , , , , , , , , , , </b>		70.0.			
	Base Period Per Diem Allowed Amounts	. 51 154005 54004001 515										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,151,903	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475		\$62,369	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts  FY12 Audited C/R	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749	***	(\$57,355)	\$52,097
7	Cost Center Costs After Audit Adjustments		\$6,089,826	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$62,369	\$584,796	\$52,097
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,922									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	Ln 7 / Ln 8 Col a	4400.00			****	405.00		***	29,355	***	04.45
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45
10 11	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10		1.3029								
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11. AllOthr = Ln 9		\$53.83	<b>#0.00</b>	<b>#</b> 00.04	<b>#25.00</b>		P24.20	fo 40	¢40.00	\$1.45
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$53.83 \$71.51	\$0.00 \$0.00	\$23.31 \$29.15	\$25.26 \$23.09		\$31.36 \$20.56	\$2.12 \$0.00	\$16.28 N/A	\$1.45
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00		\$23.09		\$20.56	\$0.00	9.60	\$1.45
14	Base Period Case Mix Adjusted Allowed Per Dieffi	Lessel of LIT12 of LIT13	\$133.90	φυσ.σσ	\$0.00	\$23.31	\$23.09		\$20.30	Φ2.12	(FRV)	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.16	\$7.20	\$0.00	\$3.12	\$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	\$150.12	\$61.03	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$2.12	\$9.60	\$1.45
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7272</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.50	\$105.41	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$2.12	\$9.60	\$1.45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.11	\$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$5.28	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.10	\$110.69	\$0.00	\$26.65	\$26.18	\$0.00	\$40.41	\$2.12	\$9.60	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.00									

	Provider, Prvdr ID;	Pelham Parkway Nursing Home 00142425A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 38.0% 3.35	Add-on Percent 13.37% 2.5% 2,0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.4543 1.1278 1.1441	State- wide 1,3617 1,4820 1,4569
L	ine #	Description	STATE OF THE STATE	ources / Totals Routine Services	Special Services	Dietary	Uperains I and I	&G-GL-PL Property and Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	b	C	d		1	9	g	h	Digeo. Lugar
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$6,171,260	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)		(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
8	Total Nursing Facility Days As Filed Days = 38,915	FY12 Audited C/R Days	38,915									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL ins Rpt Days								37,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.00	\$68,94	\$0.00	\$25.96	\$31.16	(with L&H)	\$25.02	\$0.53	\$6.00	\$0.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4543								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47,41			•					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25,96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
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	\$129.36	\$47,41	\$0.00	\$25.96	\$23.09		\$20,56	\$0.53	11.42	\$0,39
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.65	\$6,34	\$0.00	\$3.47	\$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	\$145.01	\$53.75	\$0.00	\$29.43	\$26.18	\$0.00	\$23.31	\$0.53	\$11.42	\$0.39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1441								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$152,76	\$61.50	\$0.00	\$29.43	\$26,18	\$0.00	\$23.31	\$0.53	\$11.42	\$0.39
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0,53	\$0.00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$1.54	\$1.54			•		*****		41.11	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.23	\$1.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.62	\$3.30	\$0,00	\$0.22	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173,38	\$64.80	\$0.00	\$29.65	\$26.18	\$0.00	\$40.41	\$0.53	\$11.42	\$0.39
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.21		I	1			L			

1	ovider: Pine Knoll Nursing and Rehab Center	<u>A</u> d	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (0			Facility Specific	State- wide
Pr	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours per	Qtr	th Allowance: ly BIMS score ality Incentive:	N/A 25.0% 3.43	13.37% 1.0% 3.0%	Qrtrly Mcaid		d Overall CMI: Medicald CMI: Wght Options:		1.4918 1.5756 1.6054	1.4014 1.4569 1.4820
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
, <u>-</u>	THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T	A-7-11-11-11-11-11-11-11-11-11-11-11-11-1	а	b	C	ď	е	f	9		h	i
Ç/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits								į			
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	\$10,987	\$326,740	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$11,806	(\$1,979)	so.	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,68
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,68
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890							1		
	Total Nursing Facility Days GL-Pt. Ins. Rpt	FY 18 GL-PL Ins Rpt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0.28	\$16.65	\$0.5
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13,69		\$28,86	\$0.28	\$16.65	\$0.5
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	\$118.59	\$58,26	\$0.00	\$13.95	\$13.69		\$24.02	\$0,28	7.82 (FRV)	\$0.5
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14.70	\$7.79	\$0.00	\$1.87	\$1.83	\$0.00	\$3,21	N/A	N/A	N//
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.29	\$66.05	\$0,00	\$15.82	\$15.52	\$0.00	\$27.23	\$0,28	\$7.82	\$0.5
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	-	1.6054								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	in 16 x in 17 RS = In 18, AllOthr = In 16	\$173.28	\$106.04 \$106.04	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.5
	Quarterly 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 Coi b x CPS Add-on	\$1.06	\$1.06			+=-,,,	1	12.00		45.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.18	\$3,18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.78	\$110.81	\$0.00	\$16.04	\$15.93	\$0.00	\$44.33	\$0.28	\$7.82	\$0.5
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134,01			•	***		<u>.                                    </u>			£

Pn	rovider: Pinehill Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Data		Facility Specific	State- wide
Pr	rvdr ID: 00083135A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		owth Allowance: trly BIMS score uality Incentive:	N/A 33.8% 2.78	13,37% 2,5% 2.0%	Ortrly Meald		d Overall CMI; Medicaid CMI; Wght Options:		1.0657 1.4030 1.4268	1,3617 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::::::::::::::::::::::::::::::	egges by some	in Commo	- ::::: <b>d</b>	e	f	g	g	pagaileat <b>h</b> expe	14 jage <b>1</b> 4 a.,
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	A CONTRACTOR OF THE PROPERTY O		
	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	\$2,432,258	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL ins Rpt Days								28,209		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14.20	\$18.69	(with L&H)	\$15,85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0657								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.39	\$0.00	\$14.20	\$18.69		\$15.85	\$1.41	\$0.93	\$0.97
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	\$124.33	\$64.39	\$0.00	\$14,20	\$18.69		\$15.85	\$1.41	8,82	\$0,97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$15,13	\$8,61	\$0.00	\$1,90	\$2.50	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139,46	\$73.00	\$0.00	\$16.10	\$21,19	\$0.00	\$17.97	\$1.41	\$8.82	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	, , 14	1.4268			<del></del>	1=.00			13.02	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$170.62	\$104.16	\$0,00	\$16.10	\$21.19	\$0.00	\$17.97	\$1,41	\$8.82	\$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.60	\$2.60	Ţ		74.71	74.00	45.67		\$3,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	22.00					\$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

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$193,93

\$132.62

\$109,37

\$0.00

\$16.32

\$21.60

\$0.00

\$35,44

\$1.41

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$8.82

\$0.97

- 1	1								
	Pinner IN 1 Of			Facility	Add-on		Facility	State-	
	Provider: Pinewood Nursing Ctr		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific .	wide	
	Prvdr ID: 00142205A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,1182	1.3699	1
	Case Mix Per Diem Rate Effective Date:	04/01/20	Qirly BIMS score	31,8%	2.5%	Quarterly Medicaid CMI;	1,1393	1,4569	-
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	2.13	2.0%	Ortrly Meaid CMI w RUG Wight Options:	1,1553	1,4820	
									1

	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		7 Y / MATE, 45, A1 EASIAN A STATE OF THE STA	<u>a</u>	<u> </u>	<u> </u>	, d	<u>e</u>	f	9	<u>; 9</u>	<u>h</u>	<u> </u>
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS					]						
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			OTHER PROPERTY OF THE BEALTH O
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	THE TAXABLE PROPERTY OF THE PR	90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts			-								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)	1	(\$30,963)	\$30,963
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,264,435	\$1,392,804	\$0	\$386,517	\$203,433	\$227,305	\$552,851	\$7,203	\$463,359	\$30,963
8	Total Nursing Facility Days As Filed Days = 22,071	FY13 Audited C/R Days	22,071								•	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,145	FY 18 GL-PL Ins Rpt Days								26,145		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.86	\$63.11	\$0.00	\$17.51	\$19.52	(with L&H)	\$25,05	\$0.28	\$20.99	\$1,40
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.1182								Ì
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.44	\$0.00	\$17.51	\$19.52		\$25,05	\$0.28	\$20.99	\$1,40
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	\$125.96	\$56.44	\$0,00	\$17.51	\$19.52		\$23.46	\$0.28	7.35	\$1,40
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwinc %	\$15,64	\$7,55	\$0.00	\$2,34	\$2,61	\$0.00	\$3,14	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.60	\$63,99	\$0.00	\$19.85	\$22.13	\$0.00	\$3.14 \$26.60	\$0.28		N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0111,00	1.1553	\$4.00	\$15.05	922.13	\$0.00	320.00	\$U.26	\$7.35	\$1.40
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 16	\$151.54	\$73.93	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	S0.22	\$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	\$1.85	\$1.85	700		45.11	40,00	Ų0.00		50.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Rouline Srvcs)	Ln 19 Col b x Sting Add-on	\$1.48	\$1,48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$3.86	\$0.00	\$0,22	\$0,41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.13	\$77.79	\$0.00	\$20.07	\$22.54	\$0.00	\$43.70	\$0.28	\$7.35	\$1.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$117.02		L	<u> </u>	1		L	1		L

				Facility	Add-on		Facility	State-
Provider:	Pinewood Manor Nursing Home		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00142513A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3181	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	65.3%	5.5%	Quarterly Medicaid CMI:	1.1896	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.87	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2030	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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE 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	\$3,583,932	\$1,748,716	\$0	\$519,903	\$269,657	\$173,308	\$517,509	\$39,528	\$315,311	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,777)	(\$37,321)	\$0	\$9,404	\$5,902	(\$2,359)	(\$107,744)		(\$25,933)	\$23,274
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,449,155	\$1,711,395	\$0	\$529,307	\$275,559	\$170,949	\$409,765	\$39,528	\$289,378	\$23,274
8	Total Nursing Facility Days As Filed Days = 35,486	FY12 Audited C/R Days	35,486									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY 18 GL-PL Ins Rpt Days								34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$97.25	\$48.23	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0.66
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3181</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0.66
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	\$85.37	\$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	7.91	\$0.66
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.10	\$4.89	\$0.00	\$1.99	\$1.68	\$0.00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$95.47	\$41.48	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2030								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$49.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$103.89	\$49.90	\$0.00	\$16.91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0.66
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74	, , , , ,			*****				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.50	\$1.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.87	\$4.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$126.76	\$54.67	\$0.00	\$17.13	\$14.67	\$0.00	\$30.56	\$1.16	\$7.91	\$0.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$82.25		1	I				<u> </u>		

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

				Facility	Add-on		Facility	State-
Provider:	Pleasant View Nursing Center		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00142546A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.1323	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	30.9%	2.5%	Quarterly Medicaid CMI:	1.3747	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.51	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3982	1.4569

Line	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		ű	~		<u> </u>			9	9		
\ <u>`</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
				All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes	All Ded Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,026,915	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$86,136)		\$5,825	\$28,032
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,974,636	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$625,583	\$25,092	\$414,872	\$28,032
8	Total Nursing Facility Days As Filed Days = 42,132	FY12 Audited C/R Days	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,362	FY 18 GL-PL Ins Rpt Days								39,362		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	\$10.72	\$12.66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.67
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	\$9.85	\$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	\$86.91	\$39.74	\$0.00	\$10.72	\$12.66		\$14.85	\$0.64	7.63	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	· ·	Ln 14 x Grwth Allwnc %	\$10.42	\$5.31	\$0.00	\$1.43	\$1.69	\$0.00	\$1.99	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$97.33	\$45.05	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3982								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.27	\$62.99	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$1.57	\$1.57	71.00	7	42	<b>\$2.00</b>	+5.01		<b>‡3.00</b>	
22		Ln 19 Col b x Stfng Add-on	\$1.26	\$1.26								
23		(Fixed Amount)	\$17.10	Ţ., <u>20</u>					\$17.10			
24	7	Sum of Lns 20 thru 23	\$21.46	\$3.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$136.73	\$66.35	\$0.00	\$12.37	\$14.76	\$0.00	\$34.31	\$0.64	\$7.63	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$89.72		•						'	

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

Provi	•		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	se Mix Index (0			Facility Specific	State- wide
Pivai	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		Itry BIMS score	47.8%	13.37% 5.5% 1.0%	Qrtrly Meale	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1,3070 1.6456 1,6771	1.3617 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
477 %			а	easter <b>b</b> aritani	C C	4000 <b>d</b> 1000	е	sapitifythis.	g	g	96999991 <b>h</b> <u> 1</u>	",
CAS	E MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	ase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$516,031	\$58,342	\$395,839	\$0
6 .	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,024)	\$0	\$0	\$0	\$0	\$0	(\$71,024)		(\$38,115)	\$38,115
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,420,908	\$1,705,395	\$0	\$325,262	\$250,159	\$240,904	\$445,007	\$58,342	\$357,724	\$38,115
8	Total Nursing Facility Days As Filed Days = 27,650	FY12 Audited C/R Days	27,650									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351	FY 18 GL-PL Ins Rpt Days								27,351		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.74	\$61.68	\$0.00	\$11.76	\$17.76	(with L&H)	\$16.09	\$2.13	\$12.94	\$1,38
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3070</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	\$12.94	\$1,38
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	
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$104.52	\$47.19	\$0.00	\$11.76	\$17,76		\$16.09	\$2.13	8.21 (FRV)	\$1.38
- 1	uarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.40	\$6.24	e0 00	64 67	60.07	÷0.00	60.45	N/4	N/A	ALICA
1	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.40 \$116.92	\$6.31 \$53.50	\$0.00 \$0.00	\$1.57 \$13.33	\$2,37 \$20.13	\$0.00 \$0.00	\$2.15 \$18.24	N/A \$2.13	N/A	N/A \$1,38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3110,92	1.6771	\$0.00	\$15.55	\$20.13	\$0.00	\$10,24	\$2,13	\$8.21	\$1.50
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$89.72								
1	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$153,14	\$89.72	\$0.00	\$13.33	\$20.13	\$0.00	\$18.24	\$2,13	\$8.21	\$1,38
Q	uarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Says)	Ln 19 Col b x CPS Add-on	\$4.93	\$4,93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$24.46	\$6.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.60	\$96,08	\$0.00	\$13.55	\$20.54	\$0.00	\$35.71	\$2.13	\$8.21	\$1.38
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.38							1		

F	Provider:	Powder Springs Nurs. & Rehab. Ctr.			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
F	Prvdr ID:	00530824A Case Mix Per Diem F		4/1/2020	Growth Allowance: Qtrly BIMS score	N/A 15,9%	13.37% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.3795 1.3607	1.3617 1.4820
		MDS & Nurse Hrs Data p	per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3.15	3.0%	Qrirly Meaid CMI w RUG Wight Options:	1.3805	1.4569

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskping e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		(Section 4 states)	Secretaria de Caracteria de Ca	tories <b>c</b> ontract	(A. (A. (A. (A. (A. (A. (A. (A. (A. (A.	е	po assist Constitu	g	g	<u> 1940-1940 helder av de</u>	Jagas I care
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
5	Base Períod Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	ea nan oca	e007.004	<b>A4 000 07</b> 5	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,296,184)	(\$506,533)		(\$59,975)		\$478,534	\$2,238,868 (\$885,856)	\$267,364	\$1,880,975 (\$15,238)	\$0 \$125,262
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,087,050	\$5,274,706	\$0	\$1,010,156	\$666,494	\$524,319	\$1,353,012	\$267,364	\$1,865,737	\$125,262 \$125,262
8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979	44,4,,	1	4.,0.0,.00	4555,151	402-1,010	\$1,000,01Z	<b>V207,004</b>	\$1,000,101	5120,202
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,423	FY 18 GL-PL Ins Rpt Days	,							66,423		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.46	\$74.31	\$0.00	\$14.23	\$16,78	(with L&H)	\$19.06	\$4.03	\$26,29	\$1.76
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3795								*****
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$53.87	\$0.00	\$14.23	\$16,78		\$19.06	\$4.03	\$26.29	\$1.76
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	\$121.86	\$53,87	\$0,00	\$14.23	\$16.78		\$19,06	\$4.03	12.13	\$1.76
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.89	\$7.20	\$0.00	\$1,90	\$2.24	\$0,00	\$2,55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.75	\$61.07	\$0.00	\$16.13	\$19,02	\$0,00	\$21.61	\$4.03	\$12.13	\$1.76
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	,	1.3805	, , , ,		******			V=5	4	<b>Vv</b>
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$158.99	\$84.31	\$0.00	\$16.13	\$19.02	\$0.00	\$21.61	\$4.03	\$12.13	\$1.76
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	15.00		\$5.41	\$5,00	40.07		Ç0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.16	\$3.06	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180,15	\$87.37	\$0.00	\$16.35	\$19.43	\$0.00	\$39.08	\$4.03	\$12.13	\$1.76
26	Quarterly Per Diem Rate for Bcd Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.29		•				1		***************************************	

State-

Facility

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

Facility

Add-on

	ovider: Premier Estate of Dublin vdr ID: 00141281A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			owth Allowance; Strly BIMS score	30,0%	Percent 13.37% 2.5% 1.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,1528 1,4889 1,5154	wide 1.3617 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
	ASE MIX BASED RATE CALCULATIONS		A AN AND BURNING	ggalkei <b>b</b> vegege	C	late de la company	е	(19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 19.00 to 1	· · · · · · · · · · · · · · · · ·	g	Petergere het wisses	Arrigad ( er ted
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,922,620	\$1,446,998	\$0	\$344,458	\$171,679	\$139,354	\$522,229	\$57,432	\$240.470	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,623,541	\$1,365,759	50	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
8	Total Nursing Facility Days As Filed Days = 20,520	FY12 Audited C/R Days	20,520					-			·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,818	FY 18 GL-PL Ins Rpt Days								35,818	į	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126,66	\$66,56	\$0.00	\$16.77	\$14.93	(with L&H)	\$15,03	\$1.60	\$11.24	\$0.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1528								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$57.74							 	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15,03	\$1,60	\$11.24	\$0.53
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	\$114.45	\$57.74	\$0.00	\$16.77	\$14.93		\$15,03	\$1,60	7.85	\$0.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,97	\$7,72	\$0,00	\$2.24	\$2.00	\$0.00	\$2,01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.42	\$65.46	\$0.00	\$19.01	\$16,93	\$0.00	\$17.04	\$1.60	\$7.85	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1.23.72	1.5154	12.00	1.5,51	7,3.00	<b>\$</b> 0.00	¥04	1		15.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$99.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.16	\$99.20	\$0.00	\$19.01	\$16,93	\$0,00	\$17.04	\$1.60	\$7.85	\$0.53
	Quarterly Per Diem Add-on Amounts										į	Ĺ
20	Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see 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		\$2,48	\$2.48	\$5.00	45,22	43.41	\$5,00	<b>\$0.01</b>		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add-on	\$0.99	\$0.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	72.00					\$17.10		Í	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.10	\$4.00	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
<del></del>		<del>                                     </del>	1	1		1			*			1-100

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$184.26

\$125.37

\$103.20

\$0.00

\$19.23

\$17.34

\$0.00

\$34.51

\$1.60

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$7.85

\$0.53

1	Provider: Presbyterian Home, Quitman, Inc. Prvdr ID: 00142579A			owth Allowance;		Add-on Percent 13,37%	Cas		d Overall CMI:		Facility Specific 1.1395	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p	Q er On-Sile Day/Q	trly BIMS score tuality Incentive;		5.5% 2.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1,3519 1,3733	1.4820 1.4569
Line #		Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
4750			a man	b	TO COLLEGE	ijina daniyi	е	f	g	g		rijek Lagas
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$10,337,985	\$4,890,951	\$0	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,234)	\$0	\$0	\$0	(\$2,842)	(\$3,841)	(\$68,045)		(\$82,762)	\$82,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,262,751	\$4,890,951	\$0	\$1,374,315	\$646,067	\$873,228	\$1,410,036	\$53,224	\$932,674	\$82,256
8		FY12 Audited C/R Days	65,959									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 64,824	FY 18 GL-PL Ins Rpt Days								64,824		
9	,	Ln 7 / Ln 8 Col a	\$155.61	\$74.15	\$0,00	\$20.84	\$23.03	(with L&H)	\$21.38	\$0,82	\$14.14	\$1.25
10		from 4 qtrs of FY12 Ln 9/Ln 10		1.1395								
12	. , , , , , , , , , , , , , , , , , , ,	RS = Ln 11, AllOthr = Ln 9		\$65,07 \$65,07	\$0.00	600.04	***		201.00	20.00	****	
13	•	per Peer Group Limits		\$65.07 \$71,51	\$0.00	\$20,84 \$18,41	\$23.03 \$23.09		\$21.38 \$20.56	\$0,82	\$14.14	\$1.25
14	, ,	Lesser of En 12 or En 13	\$148.60	\$65.07	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00 \$0.82	N/A 19.46	\$1,25
"		2030 0.21 12 0. 21 10	\$140,00	\$00,00	\$0.00	\$10.41	\$25.05		\$20.56	\$0.62	19.46 (FRV)	\$1,25
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	La 14 x Grwth Allwac %	\$16,99	\$8.70	\$0.00	\$2.46	\$3.08	\$0.00	\$2.75	a	bira	b1/4
15		Ln 14 + Ln 15	\$165.59	\$6.70 \$73,77	\$0.00	\$2.46	\$3.06 \$26.11	\$0.00	\$2,75	N/A \$0.82	N/A \$19.46	N/A \$1,25
17	1 '	per Current Qtr End	\$100.09	1.3733	\$0.00	\$20,07	\$20.11	\$0.00	\$23.51	30.02	\$13,40	\$1,20
18		Ln 16 x Ln 17		\$101,31								
19	1 ' '	RS = Ln 18, AllOthr = Ln 16	\$193.13	\$101.31	\$0.00	\$20,87	\$26,11	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0,04	\$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	\$5,57	\$5.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.03	\$2,03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$8,17	\$8,13	\$0.00	\$0.00	\$0.04	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.30	\$109.44	\$0.00	\$20.87	\$26.15	\$0.00	\$23.31	\$0.82	\$19.46	\$1,25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.98									

1	Provider. Presbyterian Village, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
	Prvdr ID: 00362832A Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance: ltrly BIMS score	N/A 28.9%	13,37% 1,0%			d Overall CMI: Medicaid CMI:		1.2644 1.4779	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q			3.0%	Ortrly Meale		Wght Options:		1.5063	1.4569
				Routine	Special	i/sil/iiu/y.cos	Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Lin #		Sources / Calculations	Totals	Services	Services	Dietary	Houskong	Operatns & Maint	and General	Insurance	and Related	and Insurance
			a	b	c	d	е	f	G	g	h	insurance
	CACE MIN DACED DATE CALCUL ATIONS			100000 E	and one of the large.	3503335 <b>4</b> 93, 93.		1	12.0.220.9 at 25.00	narodar <b>y</b> radeg.	sumpsettes With Female	3 20 A 1 A 1 A 1
-	CASE MIX BASED RATE CALCULATIONS											
1	f in the state of	(see Policy Manual)		1	1	2	1	1	1			
	Type of Fedilty within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				All Dea Gizes	All DEG OILES	All Ded Sizes	All Bed dizes	All Ded Sizes	All Dett Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Fifed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,048,766	\$3,497,168	\$0	\$656,133	\$463,367	\$501,200	\$1,342,874	\$37,499	\$550,525	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,647)	(\$14,696)	50	\$0	\$0	\$4,740	(\$77,691)		(\$26,496)	\$26,496
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,961,119	\$3,482,472	\$0	\$656,133	\$463,367	\$505,940	\$1,265,183	\$37,499	\$524,029	\$26,496
8	Total Nursing Facility Days As Filed Days = 37,499	FY12 Audited C/R Days	37,499								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL ins Rpt Days								35,475		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.70	\$92.87	\$0.00	\$17.50	\$25,85	(with L&H)	\$33.74	\$1.06	\$13,97	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2644</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$73.45	\$0.00	\$17,50	\$25.85		\$33.74	\$1,06	\$13.97	\$0.71
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	\$152.69	\$71,51	\$0.00	\$17.50	\$23.09		\$20,56	\$1.06	18.26	\$0.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	· ·	Ln 14 x Grwth Allwnc %	\$17.74	\$9.56	\$0.00	\$2.34	\$3.09	\$0,00	\$2.75	N/A	N/A	N/A
16	-	Ln 14 + Ln 15	\$170,43	\$81.07	\$0.00	\$19.84	\$26,18	\$0,00	\$23,31	\$1.06	\$18.26	\$0.71
17		per Current Qtr End		1.5063								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	Ln 16 x Ln 17		\$122.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.48	\$122.12	\$0.00	\$19.84	\$26.18	\$0.00	\$23.31	\$1,06	\$18.26	\$0.71
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,66	\$3.66								
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	\$5.10	\$4.88	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.58	\$127.00	\$0.00	\$20.06	\$26.18	\$0.00	\$23.31	\$1.06	\$18.26	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.44					· · · · · · · · · · · · · · · · · · ·	1			
L												

Provider: Providence I Prvdr ID: 00142623A	Healthcare of Sparta  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19	A	·	owth Allowance: Qtrly BIMS score	Facility Score N/A 43.1% 2.47	Add-on Percent 13.37% 2.5% 2.0%		d Overall CMI: Medicaid CMI:	1,4621	State- wide 1.3617 1.4820 1,4569
Line Description	n	and the second second second	ources / culations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Plant Operains & Maint e f	Admin and General	A&G-GL-PL Property and Related g h	Taxes and Insurance i
0.05 100 0.055 0.55											

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			a	ь	С	research districts	e	grand and	g	g	Wilespethin and	- 75 <b>.1</b> 5.45
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,804,770	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	\$0	\$0	\$1,992	\$2,279	(\$10,145)	)	(\$15,953)	\$19,939
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,939
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days								20,565	;[	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16,09	\$21.40	(with L&H)	\$21.40	\$1,96	\$13.58	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$64.82	\$0.00	\$16.09	\$21,40		\$21.40	\$1,96	\$13.58	\$1.12
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	\$134.67	\$64.82	\$0.00	\$16,09	\$21.40		\$20.56	\$1,96	8.72	\$1.12
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,43	\$8.67	\$0,00	\$2.15	\$2,86	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151,10	\$73,49	\$0.00	\$18.24	\$24.26	\$0.00	\$23.31	\$1.96	\$8.72	\$1,12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4881	,,,,,	11111	<b>4-</b>	44.00	-	1	45.72	<b>V</b> 1.12.
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.97	\$109,36	\$0.00	\$18.24	\$24.26	\$0,00	\$23.31	\$1.96	\$8.72	\$1.12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$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	\$2.73	\$2.73		, , , , ,	<b>4</b>	45,22			\$5.55	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.19	\$2.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	7=-10					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.45	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.15	\$114.81	\$0.00	\$18.46	\$24.67	\$0,00	\$40.41	\$1.96	\$8.72	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$144.79		l	1		1	<u> </u>	1	1	

1	ovider. Providence Healthcare of Thomaston	_	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (C			Facility Specific	State- wide
Pr	vdr ID: 00142512A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours	-	owth Allowance: Ntrly BIMS score luality Incentive:	N/A 40.3% 3.04	13.37% 2.5% 3.0%	Ontrly Moaid		d Overall CMI; Medicaid CMI; Nght Options;		1.2794 1.4294 1.4529	1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a (18	ъ	74.4 <b>c</b> (44.6)	d	е	\$1595 <b>f</b> \$39+5	g	g	ili ili ili ili ili ili ili ili ili ili	ag edheyig
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
*	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	-	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,305,895	\$2,258,087	\$0	\$486,083	\$323,994	\$304,264	\$595,800	\$42,930	\$294,737	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$287,496)	(\$4,808)	\$0	(\$7,404)	(\$2,349)	(\$2,205)	(\$32,361)		(\$259,981)	\$21,612
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,018,399	\$2,253,279	\$0	\$478,679	\$321,645	\$302,059	\$563,439	\$42,930	\$34,756	\$21,612
8	Total Nursing Facility Days  As Filed Days = 36,622  Total Nursing Facility Days GL-Pt. Ins. Rot  As Filed Days = 31,325	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	36,622							54.555		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15,39	31,325 \$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12	\$109.93	1.2794	\$0.00	\$13.07	\$17.03	(with Four)	\$10,39	\$1.51	\$0.95	90,09
11	Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	£n 9 / Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13,07	\$17.03		\$15.39	\$1,37	\$0.95	\$0.59
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	Ψ0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.08	\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	7.54 (FRV)	\$0.59
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.52	\$6.43	\$0,00	\$1.75	\$2.28	\$0.00	\$2.06	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115,60	\$54.52	\$0.00	\$14.82	\$19.31	\$0,00	\$17.45	\$1.37	\$7.54	\$0.59
17 18	Quarterly Facility Case Mix Index for Medicaid Residents  Ortrly Routine Srvcs Case Mix Adistd (CMA) Net Per Dierri	per Current Qtr End En 16 x En 17		<u>1.4529</u> \$79.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.29	\$79.21 \$79.21	\$0,00	\$14.82	\$19.31	\$0.00	\$17.45	\$1,37	\$7.54	\$0.59
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Aiwd] x .75, up to max, or 0)	(see 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 Sivs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.28	\$84.10	\$0.00	\$15.04	\$19.72	\$0.00	\$34.92	\$1.37	\$7.54	\$0,59
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.64									

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

1	rovider: PruittHealth - Ashburn, LLC rvdr ID: 00140104A  Case Mix Per Diem Rate Effective Date:			Percentages owth Allowance:		Add-on <u>Percent</u> 13.37% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.3806 1.5550	State- wide 1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/C			3.0%	Ortrly Mcaid		Wght Options:		1.5850	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	ь	c	đ	<b>e</b>	î î	g	g	5000 5000 <b>h</b> 1000 600 555	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105,0% \$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	\$3,602,964	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,603)	(\$11,693)	1	\$0	\$1,933	\$1,059	(\$59,591)		(\$23,561)	\$25,250
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,536,361	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250
8	Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R Days	24,869									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,000	FY 18 GL-PL Ins Rpt Days								23,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.80	\$76.76	\$0,00	\$13.15	\$19.07	(with L&H)	\$17.31	\$7,95	\$7.54	\$1.02
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,3806</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.60	\$0.00	\$13.15	\$19,07		\$17.31	\$7.95	\$7.54	\$1.02
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	į	\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.02	\$55,60	\$0,00	\$13.15	\$19.07		\$17.31	\$7,95	8.92 (FRV)	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.05	\$7.43	\$0,00	\$1.76	\$2.55	\$0.00	\$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.07	\$63,03	\$0.00	\$14.91	\$21.62	\$0,00	\$19,62	\$7.95	\$8.92	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5850</u>			44,444					
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173,94	\$99.90	\$0.00	\$14.91	\$21.62	\$0.00	\$19,62	\$7.95	\$8.92	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.63	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0,00	\$0.00	\$0.00
		<u> </u>	1				† · · · · · · · · · · · · · · · · · · ·		<del>!</del>	· <del> </del>	t··	

\$196.57

\$134.60

\$104.43

\$15.13

\$22.03

\$0.00

\$37.09

\$7.95

\$8.92

\$1.02

\$0.00

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	ovider: PruittHealth - Athens Heritage, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (1			Facility Specific	State- wide
Pi	vdr ID: 00141391A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: htrly BIMS score huality Incentive:	N/A 18.3% 3.36	13.37% 0.0% 2.0%	Ortrly Meale	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.6031 1.5583 1.5853	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	(1) (C) (C)	and decision	е	f	g	g	e e e e e e e e	Shegi.
<u>C</u> .	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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 Rp	\$6,526,388	\$3,246,116	\$0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)		(\$132,263)	\$115,111
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
8	Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$188,60	\$95.92	\$0.00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3.40
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		1.6031								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$59.83	\$0.00	\$15.92	\$29.30		\$26.08	\$7.46	\$10.52	\$3.40
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	\$147.08	\$59.83	\$0.00	\$15.92	\$23.09		\$20.56	\$7.46	16.82 (FRV)	\$3,40
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.97	\$8.00	\$0.00	\$2.13	\$3.09	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.05	\$67.83	\$0.00	\$18.05	\$26,18	\$0.00	\$23.31	\$7.46	\$16.82	\$3,40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.00	1.5853	Ψ0.00	\$10.00	φ20, 10	30,00	\$23.31	\$1.40	\$10.02	\$3,40
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.75	\$107.53	\$0.00	\$18.05	\$26.18	\$0,00	\$23.31	\$7.46	\$16.82	\$3.40
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 = 2.0% (to Routine Srvcs)	Lл 19 Col b x Stfng Add-on	\$2.15	\$2.15							:	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10		:	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.00	\$2.68	\$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	\$222.75	\$110.21	\$0.00	\$18.27	\$26.18	\$0.00	\$40.41	\$7.46	\$16.82	\$3.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.24									

Provide		_	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (0			Facility Specific	State- wide
Prvdr IC	); UUU09463A Case Mix Per Diem Rate Effective Date;	4/1/2020		owth Allowance; http://discore		13.37% 1.0%			d Overall CMI: Medicald CMI:		1.4445 1.3992	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/C			3.0%	Ortrly Moaid		Wght Options:		1.4224	1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	je je bili vejt	С	September 1	е	army firego	g	je <b>g</b> 1992	entitle harman	23538df352c
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe 3 Pe	r Group Standards & Efficiency Measure Limits ter Group Standards: Percentile ter Group Standards: Multiplier ficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base	e Period Per Diem Allowed Amounts											
1	Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847	\$3,001,248	\$0	\$503,836	\$318,357	\$274,569	\$754,359	\$240.597	\$370,881	\$0
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,918)	(\$2,185)	\$0	(\$1,176)	\$0	\$264	(\$104,260)		(\$54,548)	\$45,987
7 Co	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,347,929	\$2,999,063	\$0	\$502,660	\$318,357	\$274,833	\$650,099	\$240,597	\$316,333	\$45,987
8	Total Nursing Facility Days As Filed Days = 33,329	FY12 Audited CIR Days	33,329									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days								29,845		
9 Ne	t Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9,49	\$1.38
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.4445</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62,29								
12 Ne	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	\$9.49	\$1.38
13 Pe	r 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	
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.48	\$62,29	\$0,00	\$15.08	\$17.80		\$19,51	\$8,06	9.36 (FRV)	\$1.38
	rterly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.34	\$8.33	\$0.00	\$2.02	\$2.38	\$0.00	\$2,61	N/A	N/A	N/A
	fA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.82	\$70.62	\$0.00	\$17.10	\$20.18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
}	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	1.4224	40.00		425.10	\$0,00	722.12	\$0.00	\$5.50	Ψ1.00
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100,45								
19 Qu	rarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.65	\$100.45	\$0,00	\$17.10	\$20.18	\$0.00	\$22.12	\$8,06	\$9.36	\$1.38
Quai	rterly Per Diem Add-on Amounts											
20 Eff	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21 BM	MS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.00	\$1.00								
22 Nu	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	I,n 19 Col b x Sting Add-on	\$3.01	\$3.01								
23 Nu	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 To	tal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$4.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25 Quai	rterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.29	\$104.99	\$0.00	\$17.32	\$20,59	\$0.00	\$39.59	\$8.06	\$9.36	\$1.38
26 Quar	rterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.14							<del>}</del>		

1	rovider. PruittHealth Augusta Hills	_	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	rvdr ID: 00245055A  Case Mix Per Diem Rate Effective Date:	4/1/2020		owth Allowance: atriy BIMS score		13.37% 2.5%			i Overall CMI; Medicaid CMI;		1.4845 1.5652	1.3617 1,4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours	per On-Site Day/C	uality Incentive:	3.64	3.0%	Ortrly Moaid	CMI w RUG \			1.5937	1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			i i i a a securit	ъ	С	d		988889 <b>f</b> 58888	amat <b>g</b> y(ii)	g	il i (egaji <b>h</b> iliyayang)	signing and the stay of
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	-	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,172,759	\$3,380,409	\$0	\$617,908	\$441,955	\$331,762	\$781,007	\$303,153	\$316,565	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,996)	(\$5,407)	\$0	(\$1,267)	(\$4,788)	(\$4,137)	(\$115,669)		(\$64,266)	\$60,538
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$161.35	\$89,10	\$0.00	\$16,28	\$20.19	(with L&H)	\$17.56	\$9.96	\$6.66	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		<u>1.4845</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/Ln 10		\$60,02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20,19		\$17.56	\$9.96	\$6.66	\$1.60
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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 £n 13	\$134.41	\$60.02	\$0.00	\$16,28	\$20.19		\$17.56	\$9.96	8.80 (FRV)	\$1.60
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$15.25	\$8.02	\$0.00	\$2.18	\$2,70	\$0.00	\$2,35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.66	\$68.04	\$0.00	\$18,46	\$22.89	\$0.00	\$19.91	\$9.96	\$8.80	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$145.00	1.5937	\$0.00	\$10.40	Ψ22.03	ψ0,00	\$15,51	40.00	30.00	\$1.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.06	\$108.44	\$0.00	\$18.46	\$22.89	\$0.00	\$19,91	\$9,96	\$8.80	\$1.60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-an	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3,25	\$3,25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					,	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.59	\$6,49	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$214.65	\$114.93	\$0.00	\$18.68	\$23.30	\$0.00	\$37.38	\$9,96	\$8.80	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.16									

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

Provider: PruittHealth - Austell Prvdr ID: 00059276A Case Mix Per Diem Rate Effective MDS & Nurse Hrs Data per Quarter Er	Date; 4/1/2020	-	owth Allowance: htdy BIMS score	28.4%	Add-on <u>Percent</u> 13.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicald CMI; Wght Options:		Facility <u>Specific</u> 1.5684 1.3747 1.3983	State- wide 1.3617 1.4820 1.4569
Line Bescription	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		а	<u> Programa de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition d</u>	C	d	е	25 4 15 <b>1</b> 0 2 15 2	g	g	1900 Effer here is the	rijegr <b>i</b> .e.g
			_			_					
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	11714-1411	\$3,697,715	\$0	\$704,234	\$617,896	\$360,843	\$1,076,394	\$298,340	\$664,835	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 41,411	FY12 Audited C/R FY12 Audited C/R Days	\$7,291,018	\$3,689,628	\$0	\$703,436	\$616,145	\$359,708	\$960,748	\$298,340	\$566,524	\$96,489
8 Total Nursing Facility Days As Filed Days = 41,411 Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 41,344	FY 18 GL-Pt. Ins Rpt Days	41,411							41,344		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$176.09	\$89.10	\$0.00	\$16,99	\$23,57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2,33
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	41.0.00	1,5684	45.55	<b>\$10.55</b>	Ψ20.07	(Mini Laily	Ψ20.20	Ψ1.22	Ψ10.00	VZ,00
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56,81								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,81	\$0,00	\$16,99	\$23.57		\$23.20	\$7.22	\$13,68	\$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	\$142.01	\$56.81	\$0.00	\$16.99	\$23.09		\$20,56	\$7.22	15.01 (FRV)	\$2.33
Quarterly Per Diem Rate Prior to Add-ons										(rkv)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwlh Allwnc %	\$15,71	\$7,60	\$0.00	\$2.27	\$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	\$157.72	\$64.41	\$0.00	\$19.26	\$26,18	\$0,00	\$23,31	\$7.22	\$15.01	\$2.33
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3983								
18   Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem   19   Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = 1.n 18, AliOthr = 1.n 16	\$183,37	\$90.06 \$90.06	\$0.00	\$19.26	\$26.18	\$0.00	\$23.31	\$7,22	\$15.01	\$2.33
Quarterly Per Diem Add-on Amounts								-			
20 Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0,75	\$0,53	\$0,00	\$0.22	\$0.00	\$0,00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine	Srvs) En 19 Col b x CPS Add-on	\$0.90	\$0.90								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.80	\$1.80								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.55	\$3.23	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.92	\$93.29	\$0.00	\$19.48	\$26.18	\$0.00	\$40.41	\$7.22	\$15.01	\$2.33
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.12									

\$0.00

\$0.00

\$7.97

\$0.00

\$1.18

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

Facility

1	Provider. PruittHealth - Blue Ridge, LLC Prvdr ID: 00140973A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	: 4/1/2020		owth Allowance: Otrly BIMS score	34.6%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data of Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5336 1.1619 1.1760	State- wide 1,3617 1,4820 1,4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C. C.	o d	е	sife frage	g	g	y h	Section in the
(	CASE MIX BASED RATE CALCULATIONS											
1		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts										-	
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,508,415	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)			(\$46,929)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,377,699	\$3,010,899	\$0	\$520,491	\$369,470	\$366,440	\$732,258	\$243,003	\$93,598	1 '
8	Total Nursing Facility Days As Filed Days = 35,332	FY12 Audited C/R Days	35,332									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY 18 GL-PL Ins Rpt Days								34,945		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.29	\$85,22	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2.65	\$1,18
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5336							1	
11	1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,57	\$0.00	\$14.73	\$20.83		\$20.73	\$6.95	\$2.65	\$1,18
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$127.79	\$55,57	\$0.00	\$14.73	\$20,83		\$20.56	\$6.95	7.97	\$1,18
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwnc %	\$14.93	\$7.43	\$0,00	\$1.97	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	6 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.72	\$63.00	\$0.00	\$16,70	\$23,61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1760</u>							İ	
18	8 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.09								
19	9 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.81	\$74.09	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
	Quarterly Per Diem Add-on Amounts											
1		1	1 .	1		1			1		1	1

\$1.16

\$1.85

\$2,22

\$17.10

\$22.33

\$176.14

\$119.28

\$0.53

\$1.85

\$2.22

\$4.60

\$78.69

\$0.00

\$0.00

\$0.00

\$0.22

\$0.22

\$16.92

\$0.41

\$0.41

\$24.02

\$0.00

\$0.00

\$0.00

\$0.00

\$17.10

\$17.10

\$40.41

\$0.00

\$6.95

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

2.5% (to Routine Srvs)

20

21

22

23

24

25

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

Provider: Prvdr ID:	PruittHealth - Bro 00140115A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance Qtrly BIMS scon Nurse Hours per On-Site Day/Quality Incentive	26,7%	Add-on Percent 13,37% 1.0% 2.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrirly Moaid CMI w RUG Wight Options:	1,6941	State- wide 1,3617 1,4820 1,4569
Line #	Description		<ul> <li>************************************</li></ul>	rces / Totals Routine Services	Special Services	Dietary	Laundry & Plant Admin Operatns A Maint General	A&G-GL-PL Property Insurance Related	Taxes and Insurance

Line #	Description .	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			ilia di <b>a</b> ncoli	<b>b</b>	С	d	е	.44494 <b>1</b> 9498	g	g g	h	i i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$10,389,770	\$5,803,797	\$0	\$918,297	\$680,287	\$401,738	\$1,408,001	\$377,738	\$799,912	so so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)	, , , , , , , , , , , , , , , , , , , ,	(\$127,055)	1 1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	\$0	\$923,090	\$674,652	\$388,711		\$377,738	\$672,857	\$120,089
8	Total Nursing Facility Days As Filed Days = 51,101	FY12 Audited C/R Days	51,101				-				·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$199.11	\$113.14	\$0.00	\$18.06	\$20,81	(with L&H)	\$24.47	\$7.11	\$13,17	\$2.35
10	Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY12		1.6566								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$68.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.30	\$0.00	\$18,06	\$20,81		\$24.47	\$7.11	\$13,17	\$2.35
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 £n 13	\$148.95	\$68,30	\$0,00	\$18.06	\$20.81		\$20.56	\$7.11	11.76	\$2.35
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.07	\$9,13	\$0.00	\$2.41	\$2.78	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.02	\$77.43	\$0.00	\$20.47	\$23.59	\$0.00	\$23.31	\$7,11	\$11.76	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7236								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$222.05	\$133.46	\$0.00	\$20.47	\$23,59	\$0.00	\$23.31	\$7.11	\$11.76	\$2.35
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.33	\$1.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.26	\$4.53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Dlem Rate	Ln 19 + Ln 24	\$244.31	\$137.99	\$0.00	\$20.69	\$24.00	\$0,00	\$40.41	\$7.11	\$11.76	\$2.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.41		•	•		<b></b>				<u></u>

1	rovider: Pruitt Covington rvdr ID: 00265196A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qti	th Allowance: ly BIMS score	Facility Score N/A 31.4% 3.91	Add-on Percent 13.37% 2.5% 3.0%			i Overall CMI dedicaid CMI		Facility <u>Specific</u> 1.3923 1.4003 1.4237	State- wide 1.4014 1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		**	a	b	c	d	е	F	9		h	i
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0%	A AAA ONE DAAA	50.0% 105.0%			
		(see Policy Manuar)		30.55	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY 14 C/R - FY 18 GL-PL Rpt	64 250 070	20 400 000								
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$4,350,870		\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	(\$101,487) \$4,249,383	\$0 \$2,108,885	\$0 \$0	\$0 \$444,031	\$0 \$256,227	50	(\$101,428)	1 1	(\$40,593)	\$40,534
8	Total Nursing Facility Days As Filed Days = 25,202	FY14 Audited C/R Days	25,202	\$2,100,000	20	5444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
	Total Nursing Facility Days GL-Pi. Ins. Rpt As Filed Days = 24,191	FY 18 GL-PL Ins Rpt Days	25,202							24404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Stycs	Ln 7 / Ln 8 Col a	\$168,90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21,93	24,191 \$7.06	\$13.40	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3923	00.02	0,,,,,,	020.00	(17/1// 24/1)	Q21,30	37.00	3:3.40	\$1.01
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,10	\$0.00	\$17.62	\$23.60		\$21,93	\$7.06	\$13.40	\$1.61
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	\$1.01
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.20	\$60,10	\$0.00	\$17.62	\$23.55	THE STATE OF THE S	\$21.93	\$7.06	10,33	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.48	\$8,04	\$0.00	\$2.36	\$3,15	\$0.00	\$2.93	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.68	\$68.14	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.33	\$1.61
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.4237					, //		Ų 10.00	01.51
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.01						i 1		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.55	\$97,01	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10,33	\$1.61
	Quarterly Per Diem Add-on Amounts		The state of the s									
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43					1		\$5.55	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.87	\$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	\$211.11	\$102.88	\$0.00	\$20.20	\$26.70	\$0,00	\$42.33	\$7.06	\$10,33	\$1.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.51		· · · · · · · · · · · · · · · · · · ·	id	******	·	<del></del>	<u> </u>		
<u> </u>	I		1	i								

	rovider: PruittHealth - Crestwood	-	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent	Cas	se Mix Index (0			Facility Specific	State- wide
r	Case Mix Per Diem Rate Effective Date: MD\$ & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours	_	trly BIMS score	N/A 59.7% 3.58	13.37% 5.5% 3.0%	Qrtrly Mcaid	Quarterly	d Overall CMI: Medicaid CMI: Wght Options:		1,5323 1,4281 1,4560	1.3617 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
1111			( approximately	b b	C	d	е	3990 <b>1</b> 3393	g	g	grafikovijší <b>h</b> ráčny pary	agagg lang
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpi	#4 422 047	\$2,380,708	**	\$272.007	£240.040	6947.400	0554.054	A400.070	0470 440	
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	\$4,133,947 (\$74,729)	\$2,380,708	\$0 \$0	\$373,027 (\$1,240)	\$246,648 (\$287)	\$217,126 (\$1,099)	\$554,254 (\$65,329)	\$190,072	\$172,112 (\$24,958)	\$0 \$24,791
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0 \$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$24,956) \$147,154	\$24,79
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925		*-		42 10,001	42.0,02.	1.00,020	\$100,072	<b>\$</b> 141,104	42,-1,70
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-Pt. Ins Rpt Days								25,297		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$151.21	\$88,17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5.47	\$0.93
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5323								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0,9
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$9.00	\$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	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18,16	\$7.51	8.44 (FRV)	\$0.93
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %		27.00	***		** **					
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwin Aliwnc %  Ln 14 + Ln 15	\$14.27 \$137.82	\$7.69	\$0.00 \$0.00	\$1.85	\$2,30	\$0,00	\$2,43	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$137.82	\$65.23 1,4560	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.9
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	En 16 x En 17		\$94.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.56	\$94.97	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.22	\$5.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.70	\$8.60	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194,26	\$103.57	\$0.00	\$15.88	\$19.88	\$0.00	\$38.06	\$7.51	\$8.44	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Łn 23) * 0.75	\$132.87									

1	rovider. PruittHealth - Decatur		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
P	rvdr ID: 00252942A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		owth Allowance: Qtrly BIMS score Quality Incentive:	26.9%	13.37% 1.0% 2.0%	Qrtrly Meaid		d Overall CMI: Medicaid CMI: Wght Options:		1.4114 1.5321 1.5587	1.3617 1.4820 1.4569
Line #	Description:	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
jedili.			2	ь	C	d d	ė	gjilan <b>, f</b> angar	g	and given	amajjaa <b>h</b> igu eg J	an saigeag
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	6 O-F MB		1	1	,	1	1				
	Cost Center rear Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	rank-rank-rank	All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
,		(See Folloy Manual)		\$0.00	\$0.00	\$0.22	\$0.47		20,57			
_	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	40,012,010	\$4,785,707	\$0	\$686,216	\$560,740	\$447,601	\$1,146,606	\$351,272	\$534,203	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7 8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
°	Total Nursing Facility Days As Filed Days = 49,032  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY 18 GL-PL ins Rpt Days	49,032							40.404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$170.28	\$97,56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	49,404 \$7.11	\$9.32	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$170,20	1.4114	J0,00	314.00	\$20.30	(WID) LGIT)	\$20,17	\$7,11	\$9.32	\$1.50
11	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69,13								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$69,13	\$0.00	\$14.00	\$20.56		\$20.17	\$7,11	\$9.32	\$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	Ψ1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.10	\$69.13	\$0.00	\$14,00	\$20,56		\$20.17	\$7.11	15.57	\$1.56
ĺ									,	, , , , , ,	(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	ียา 14 x Grwth Allwnc %	040.50	***	40.00	24.07						
15 16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$16.56 \$164.66	\$9.24 \$78.37	\$0.00 \$0.00	\$1.87 \$15.87	\$2.75 \$23.31	\$0.00 \$0.00	\$2.70 \$22.87	N/A \$7,11	N/A \$15.57	N/A \$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$104.00	1.5587	\$0.00	\$15,67	\$23,31	\$0.00	\$22.67	\$1.11	\$15.57	\$1,56
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122,16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$208.45	\$122.16	\$0.00	\$15.87	\$23,31	\$0.00	\$22.87	\$7.11	\$15.57	\$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)	\$1,45	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.29		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,22	\$1.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2,44	\$2,44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.21	\$4.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17,39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Lп 24	\$230.66	\$126.35	\$0.00	\$16,09	\$23.72	\$0.00	\$40.26	\$7.11	\$15.57	\$1,56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$160.17					•		•	<u></u>	

	ovider: PruittHealth- Eastside vdr ID: 00140687A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	vth Allowance: ty BIMS score	Facility Score N/A 30.8% 3.67	Add-on Percent 13.37% 2.5% 2.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> Use Stwde 1.5445 1.5742	State- wide 1.4014 1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			<u>a</u>	<u> </u>	c	d d	е	f	g	· · · · · · · · · · · · · · · · · · ·	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Sase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	\$1,274,956	SO	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	so
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$269,785)	1 ' '	SO.	\$0	\$0	\$0	(\$269,785)	1 1	(\$16,881)	\$16,881
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$2,562,048	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$378,052	\$216,538	\$54,677	\$16,881
8	Total Nursing Facility Days As Filed Days = 13,874	12/31/14 Audited C/R Days	13,874						,		72.1,2	0.0,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369	FY 18 GL-PL ins Rpt Days		}						26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.28	\$91.90	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8,21	\$3.94	\$1,22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4014								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65,58	\$0.00	\$16.58	\$28,18		\$27.25	\$8.21	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23,55		\$24.02		N/A	
14	Base Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150,45	\$65.58	\$0,00	\$16.58	\$23,55		\$24.02	\$8,21	11.29	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.35	\$8.77	\$0.00	\$2,22	\$3.15	\$0.00	\$3,21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.80	\$74.35	\$0.00	\$18.80	\$26.70	\$0.00	\$27.23	\$8.21	\$11.29	\$1.22
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	*******	1.5742		1 770.00	4200	\$0.00	ŲZ1.20	00.21	\$13,23	\$1.22
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$117.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.49	\$117,04	\$0.00	\$18.80	\$26.70	\$0.00	\$27.23	\$8,21	\$11.29	\$1,22
	Oursell- Bar Direct Add as Assessed	September										
20	Quarterly Per Diem Add-on Amounts  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	60.00		40.5-	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.93	\$0.53	30.00	\$0.∠2	\$0.00	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.34	\$2.34						-		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	12.04					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,12	\$5.80	\$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	\$233.61	\$122.84	\$0.00	\$19.02	\$26.70	\$0.00	\$44.33	\$8.21	\$11.29	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162,38	<u> </u>		1		L		1	7	

	Deviation the Friedrick II C			Facility	Add-on		Facility	State-
Provider:	PruittHealth - Fairburn, LLC		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
Prvdr ID;	00142997A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.4922	1,3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	19.3%	0.0%	Quarterly Medicaid CMI;	1.3207	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3.79	2.0%	Qrtrly Meaid CMI w RUG Wight Options:	1.3390	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
				b b	C	d	0	f	g	g	interestable in the	an ey <b>i</b> yedi
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	<b>Variation</b>		
	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	\$5,504,987	\$2,992,534	\$0	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)		(\$80,289)	\$70,451
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,398,528	\$2,992,534	\$0	\$468,227	\$291,406	\$319,535	\$737,644	\$197,290	\$321,441	\$70,451
8	Total Nursing Facility Days As Filed Days = 27,871	FY12 Audited C/R Days	27,871									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days			İ					27,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$193.92	\$107.37	\$0.00	\$16.80	\$21.92	(with L&H)	\$26.47	\$7.30	\$11.53	\$2,53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4922								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$71.95	\$0.00	\$16.80	\$21,92		\$26,47	\$7.30	\$11.53	\$2.53
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	\$154.86	\$71.51	\$0.00	\$16,80	\$21.92		\$20.56	\$7.30	14.24	\$2.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.49	\$9.56	\$0.00	\$2.25	\$2,93	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172,35	\$81,07	\$0.00	\$19.05	\$24.85	\$0.00	\$23.31	\$7,30	\$14.24	\$2.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>VIII.</b>	1,3390	• • • • • • • • • • • • • • • • • • • •	\$15.00	\$24.03	\$0.00	Ψ20.01	\$7,50	ψ17.2 <del>5</del>	92.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ւտ 16 x Ln 17		\$108.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.83	\$108,55	\$0.00	\$19,05	\$24.85	\$0.00	\$23.31	\$7.30	\$14.24	\$2,53
	Quarterly Per Diem Add-on Amounts	6. 5.8.44										
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$0.63	\$0.00	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)		\$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	\$2.17	\$2.17								
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	60.47	60.72	40.55			\$17.10	40.55	Ac	
24	Total Quarterly Per Diem Add-on Amounts		\$19.90	\$2,17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.73	\$110.72	\$0.00	\$19.27	\$25.26	\$0.00	\$40.41	\$7.30	\$14.24	\$2.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.97									

	Provider:	PruittHealth- Fitzgerald		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID:	00140995A  Case Mix Per Diem Rate Effective Date:	04/01/20	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2807	1.3699
-		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Qtrly BIMS score vurse Hours per On-Site Day/Quality Incentive:	17.9% 3.66	0.0% 1.0%	Quarterly Medicaid CMI;	1.3793	1.4569
		mod a resort in build per adulter creating.	1201110	torse floors per on one pay/quality incentive.	3,00	1.070	Ortrly Moaid CMI w RUG Wight Options:	1.4025	1,4820

Line	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	V / V / A / A / A / A / A / A / A / A /		<u> </u>	<u>b</u>	C	<u>d</u>	е	ff	9	9	h	i
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	A separate de la companya del la companya de la com	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	The series of th		AND AND AND AND AND AND AND AND AND AND
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	Average and the second and the secon	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY13 C/R	\$2,195,341	\$951,618	\$0	\$178,911	\$121,063	\$245,723	\$395,363	\$187,666	\$114,997	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$63,339)	(\$2,011)	\$0	\$0	\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,132,002	\$949,607	\$0	\$178,911	\$121,063	\$245,723	\$331,907	\$187,666	\$104,271	\$12,854
8	Total Nursing Facility Days As Filed Days = 13,166	FY13 Audiled C/R Days	13,166									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,941	FY 18 GL-PL Ins Rpt Days								23,941		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155,53	\$72.13	\$0.00	\$13.59	\$27.86	(with L&H)	\$25.21	\$7.84	\$7.92	\$0,98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2807					1			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.32	\$0.00	\$13,59	\$27.86		\$25.21	\$7.84	\$7.92	\$0,98
13	Per Diem Standards (After Statewide CMA for Routine Stros)	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	\$136,99	\$56.32	\$0.00	\$13.59	\$23.27		\$23.46	\$7,84	11.53	\$0,98
	Quarterly Per Diem Rate Prior to Add-ons						1		1		(FRV)	
15	- 1	Ln 14 x Grwth Allwnc %	\$15,60	\$7.53	\$0.00	\$1.82	62.14	60.00	60.44		1178	
16		Ln 14 + Ln 15	\$152.59	\$63.85	\$0,00	\$1.02	\$3.11 \$26.38	\$0.00 \$0.00	\$3.14 \$26.60	N/A	N/A	N/A
17		per Current Qir End	3132.33	1.4025	30,00	\$15.41	\$20.30	\$0.00	\$20.60	\$7.84	\$11,53	\$0.98
18		Ln 16 x Ln 17		\$89,55								
19		RS = Ln 18, AliOthr = Ln 16	\$178.29	\$89,55	\$0.00	\$15,41	\$26.38	\$0.00	000.00	47.04	044.50	
	againstly madicale distributed For Distri	110 - Eli 10, 700 ili - Eli 10	3110,29	305.55	\$0.00	\$15.41	\$20.30	\$0,00	\$26.60	\$7.84	\$11.53	\$0,98
	Quarterly Per Diem Add-on Amounts		1									
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			ĺ					
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	\$18.75	\$1.43	\$0.00	\$0,22	\$0.00	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + En 24	\$197.04	\$90,98	\$0.00	\$15,63	\$26.38	\$0.00	\$43.70	\$7.84	\$11.53	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Łn 23) * 0.75	\$134.96		i	t	1	I	t			£
Ł	1		ł	1								

Facility Add-on Facility State-PruittHealth - Fort Oglethorpe Provider, Percent Add-on Data and Percentages Score Case Mix Index (CMI) Data Specific wide Prvdr ID; 00214695A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1,3512 1.3617 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 4/1/2020 25,0% 1,0% Quarterly Medicaid CMI: 1,2800 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Meaid CMI w RUG Wight Options: 3.18 1,2989 1,4569

Line #	Description .	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> 1998 -</u>			а	100 b 300 b	C	o d	otenie e data	18 A 18 P 18 18 18 18 18 18 18 18 18 18 18 18 18	g	- Parg Page	h in h	ggara <b>t</b> gariji
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,844,982	\$3,167,076	\$0	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$110,389)	(\$6,330)	\$0	(\$577)	\$1,727	\$1,033	(\$107,232)		(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Co! a	\$140.63	\$77.43	\$0,00	\$14.15	\$18.31	(with L&H)	\$16.98	\$7.21	\$5,36	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3512</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.31	\$0,00	\$14.15	\$18.31		\$16.98	\$7.21	\$5,36	\$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	\$122.73	\$57.31	\$0.00	\$14.15	\$18,31		\$16,98	\$7.21	7.58	\$1.19
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$14.27	\$7.66	\$0.00	\$1.89	\$2,45	\$0.00	\$2.27	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.00	\$64,97	\$0,00	\$16.04	\$20.76	\$0,00	\$19.25	\$7,21	\$7.58	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1,2989			-		-			
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84,39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$156.42	\$84.39	\$0,00	\$16,04	\$20.76	\$0.00	\$19.25	\$7.21	\$7.58	\$1,19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Cal b x CPS Add-on	\$0.84	\$0.84							- 2.5	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,53	\$2,53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	,					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.00	\$3,90	\$0.00	\$0.22	\$0,41	\$0,00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.42	\$88.29	\$0.00	\$16.26	\$21.17	\$0.00	\$36.72	\$7.21	\$7.58	\$1.19
					I							L

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$120.99

(Ln 25 - Ln 23) \* 0.75

Facility Add-on Facility State-PruittHealth - Franklin, Inc Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific \_\_wide\_ Prvdr ID: 00141039A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1,4254 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 39,4% 2.5% Quarterly Medicaid CMI: 1,3742 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,05 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.3965 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Refaled	Taxes and Insurance
			а	by in by	C	e d	e	-6-20 <b>1</b> (10)	g	9	iidenteeth oo geed	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,811,934	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)		(\$17,107)	\$17,107
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,737,772	\$2,047,875	\$0	\$346,539	\$170,758	\$218,504	\$541,164	\$187,666	\$208,159	\$17,107
8	Total Nursing Facility Days As Filed Days = 25,623	FY12 Audited C/R Days	25,623									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$146.27	\$79.92	\$0.00	\$13.52	\$15.19	(with L&H)	\$21.12	\$7.73	\$8.12	\$0,67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4254</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56,07	\$0.00	\$13.52	\$15.19		\$21.12	\$7.73	\$8.12	\$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	\$123.45	\$56.07	\$0.00	\$13.52	\$15,19		\$20.56	\$7.73	9.71	\$0,67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,09	\$7.50	\$0.00	\$1.81	\$2.03	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.54	\$63.57	\$0.00	\$15.33	\$17.22	\$0.00	\$23.31	\$7.73	\$9.71	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3965</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.75	\$88.78	\$0.00	\$15.33	\$17.22	\$0.00	\$23.31	\$7.73	\$9.71	\$0,67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5.41	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.89	\$94.19	\$0.00	\$15.55	\$17.63	\$0.00	\$40.41	\$7.73	\$9.71	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.59			1	<u> </u>		1	L	I	

Prvdr ID:	00140038A  Case Mix Per Diem Rate Effective Da	le: 4/1/2020	Growth Allowance; Qtrlv BIMS score	N/A 40.7%	13.37% 2.5%	Case Mix Index (CMI) Data  Base Period Overall CMI;  Quarterly Medicaid CMI;	<u>Specific</u> 1,4082 1,1507	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Endi	ig: 12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.79	3.0%	Ortrly Meaid CMI w RUG Wight Options;	1.1686	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	Properly and Related	Taxes and Insurance
13.55			: a :	(()) b (()) (()	С	d	е	(1995) <b>f</b>	g	g	Serge (see h	alaya, Lagyar
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			***
	Base Period Per Diem Allowed Amounts										TO TAXABLE PARTY OF THE PARTY O	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)		(\$61,050)	\$57,239
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,239
8	Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days								33,930		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4082								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlbr = Ln 9		\$53.72	\$0,00	\$12.96	\$18.92		\$20.27	\$8.01	\$6,62	\$1,57
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	\$125.28	\$53,72	\$0.00	\$12.96	\$18,92		\$20.27	\$8.01	9,83	\$1.57
	Constant Bar Bir and But and B										(FRV)	4
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$14.15	\$7,18	\$0.00	\$1.73	\$2,53	\$0.00	60.74	h1(4	.,,,	.,,,
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.43	\$60.90	\$0.00	\$1.73		\$0.00	\$2.71	N/A	N/A	N/A \$1,57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	<b>\$105.40</b>	1,1686	\$0.00	314.09	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71,17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.70	\$71.17	\$0,00	\$14.69	\$21.45	\$0.00	\$22.98	\$8,01	\$9.83	\$1,57
"	Quarterly Medicald Cities Allowed F & Dietr	110 - 21 10,740411 - 21 10	\$145.70	3/1.17	\$0,00	\$14.09	\$21.45	\$0,00	\$22.90	\$0.01	\$9.63	\$1.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,38	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.22		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.78	\$1.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sifng Add-on	\$2.14	\$2.14								A44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			***
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.40	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.32	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.10	<b>\$</b> 75.62	\$0.00	\$14.91	\$21.86	\$0.00	\$40.30	\$8.01	\$9.83	\$1.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$116.25									

Facility Add-on Facility State-PruittHealth - Griffin, LLC Provider; Percent Add-on Data and Percentages \_Score\_ Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143052A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1,3383 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score Quarterly Medicaid CMI: 34,6% 2.5% 1,4302 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Meaid CMI w RUG Wight Options: 3.31 1,4570 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	Baseleya Danisa da	С	in seed to see	е		g	g	<u> Systemath - Lead.</u>	edijidi <b>i</b> sest.
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL ins Rpt Days								22,296		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3383								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$57.34	\$0.00	\$13.25	\$19,26		\$20.34	\$7.45	\$12,20	\$1,00
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 En 12 or En 13	\$126.70	\$57.34	\$0.00	\$13,25	\$19.26		\$20,34	\$7,45	8.06 (FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(racy)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.74	\$7.67	\$0.00	\$1.77	\$2.58	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.44	\$65.01	\$0.00	\$15.02	\$21,84	\$0.00	\$23.06	\$7.45	\$8.06	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4570								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.72								İ
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$171.15	\$94,72	\$0.00	\$15.02	\$21.84	\$0.00	\$23.06	\$7.45	\$8.06	\$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.84	\$2,84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.63	\$5.74	\$0.00	\$0.22	\$0,41	\$0.00	\$17.26	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.78	\$100.46	\$0.00	\$15.24	\$22.25	\$0.00	\$40.32	\$7.45	\$8.06	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 + Ln 23) * 0.75	\$133.26		1			1	1	I		I

Provider:	PruittHealth -Holly Hill		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00141479A  Case Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance: Qtrly BIMS score	N/A 19.4%	13.37% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,4465 1,5418	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.71	2.0%	Ortrly Moaid CMI w RUG Wght Options:	1.5703	1.4569

Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
\$4.5 <u>.</u>			a	b	C	d	e	- 1950 <b>f</b> 1950 (19	g	g	h	98599 <b>1</b> 99
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,983,322	\$2,933,620	\$0	\$449,638	\$351,262	\$202,780	\$638,605	\$240,597	\$166,820	\$C
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$96,536)	(\$4,473)	\$0	\$0	(\$1,191)	(\$1,009)	(\$89,370)		(\$21,364)	\$20,871
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,886,786	\$2,929,147	\$0	\$449,638	\$350,071	\$201,771	\$549,235	\$240,597	\$145,456	\$20,871
8	Total Nursing Facility Days As Filed Days = 31,903	FY12 Audited C/R Days	31,903									
	Total Nursing Facility Days GL-PŁ Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7,77	\$4.56	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4465</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17,30		\$17.22	\$7.77	\$4.56	\$0.65
13	Per Diern Standards (After Statewide CMA for Routine Stycs)	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 Dierri	Lesser of Ln 12 or Ln 13	\$129.41	\$63,47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.98	\$8.49	\$0,00	\$1.88	\$2,31	\$0.00	\$2.30	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144,39	\$71.96	\$0.00	\$15.97	\$19.61	\$0.00	\$19,52	\$7.77	\$8,91	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5703								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$185,43	\$113.00	\$0.00	\$15.97	\$19.61	\$0.00	\$19.52	\$7.77	\$8.91	\$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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			, , , , ,				53,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.89	\$2.79	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.32	\$115.79	\$0.00	\$16.19	\$20.02	\$0,00	\$36.99	\$7.77	\$8.91	\$0,65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.92			L			l			L

Provider:	PruittHealth -Jasper			Add-on Data and Percentages	Score_	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- <u>wide</u>
Prvdr ID:	00142436A	Case Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance: Qtrly BIMS score	N/A 23.3%	13.37% 1.0%	Base Period Overall CMI: Quarterly Medicaid CMI:	1,5432 1,4708	1.3617 1.4820
	M	IDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive;	3.50	2.0%	Qrirly Moaid CMI w RUG Wight Options:	1.4976	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
10000			0.00 / <b>a</b> - 0.00	<b>b</b>	С	ngga dagan	e	<i>§</i> 9609 <b>1</b> 9099€	g	g	Bigger growth and grifting	_ and 65%
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	\$144,358	\$237,491	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$64,230)	(\$1,144)	\$0	(\$105)	(\$2,408)	(\$2,401)	(\$55,212)		(\$44,522)	\$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	\$233,170	\$465,855	\$144,358	\$192,969	\$41,562
8	Total Nursing Facility Days As Filed Days = 19,472	FY12 Audited C/R Days	19,472									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY 18 GL-PL Ins Rpt Days								19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.05	\$91,96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92	\$7.58	\$9.91	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5432								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = Ln 9		\$59.59	\$0,00	\$16.34	\$24.21		\$23.92	\$7.58	\$9.91	\$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	\$147.14	\$59.59	\$0.00	\$16,34	\$23.09		\$20.56	\$7.58	17.85	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.99	\$7.97	\$0.00	\$2.18	\$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	\$163.13	\$67.56	\$0.00	\$18.52	\$26,18	\$0.00	\$23.31	\$7.58	\$17.85	\$2,13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.4976								
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.75	\$101,18	\$0.00	\$18.52	\$26.18	\$0.00	\$23,31	\$7.58	\$17.85	\$2,13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.02	\$2,02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.88	\$3,56	\$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	\$217.63	\$104.74	\$0.00	\$18.74	\$26.18	\$0.00	\$40.41	\$7.58	\$17.85	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.40		I	1			1	L	***	

Facility Add-on Facility State-PruittHealth -Lafayette, LLC Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific <u>wide</u> Prvdr ID; 00254394A Growth Allowance: N/A 13.37% Base Period Overall CMI; 1.2862 1.3617 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 4/1/2020 27.3% 1.0% Quarterly Medicaid CMI; 1.3075 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 2.0% 2.72 Ortrly Moaid CMI w RUG Wght Options: 1.3284 1.4569

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000				<b>b</b>	С	d	е	ggyge <b>f</b> gglad.	. en en en en en en en en en en en en en	g	h e e e e e	deport day
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$93,574)	(\$9,162)	\$0	(\$1,591)	\$1,750	(\$1,029)	(\$84,777)		(\$19,897)	\$21,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,843,878	\$2,637,992	\$0	\$485,694	\$351,240	\$266,601	\$614,203	\$240,597	\$226,419	\$21,132
8	Total Nursing Facility Days As Filed Days = 32,593	FY12 Audited C/R Days	32,593								1	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.46	\$80.94	\$0,00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6.95	\$0,65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,2862</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$62,93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.93	\$0,00	\$14.90	\$18.96		\$18.84	\$8.22	\$6,95	\$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	\$132.23	\$62.93	\$0.00	\$14.90	\$18.96		\$18.84	\$8.22	7,73	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$15,45	\$8,41	\$0,00	\$1.99	\$2.53	\$0,00	\$2.52	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.68	\$71,34	\$0.00	\$16.89	\$21,49	\$0.00	\$21.36	\$8.22	\$7.73	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	<b>4</b> 1.11.00	1.3284	40.00	\$10.55	<b>V</b> 2.1.45	Ψ0.00	\$21.00	40.22	\$1.10	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.11	\$94.77	\$0.00	\$16.89	\$21,49	\$0.00	\$21.36	\$8.22	\$7,73	\$0,65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual) En 19 Col b x CPS Add-on	\$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 Sting Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)  Nursing Home Provider Fee	(Fixed Amount)	\$1.90 \$17.10	\$1,90					647.40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$21,48	\$3,38	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.47	60.00	20.00	60.55
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192,59	\$98.15	\$0.00		\$0,41			\$0.00	\$0.00	\$0.00
23	Annual Ange Hily Dascr Lei Dielli Vage	W1127 W124	3792.59	\$38.15	\$0.00	\$17.11	\$21.90	\$0.00	\$38,83	\$8.22	\$7.73	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.62									

Facility Add-on Facility State-Provider: PruittHealth - Lakehaven Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific \_\_wide\_ Prvdr iD: 00141721A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4944 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 25.0% 1.0% Quarterly Medicaid CMI: 1.6747 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,39 3.0% Ortrly Meaid CMI w RUG Wight Options: 1,7067 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
<u> </u>			igen a	in the base of	С	d	e	S-141/2003	ele g e e	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentite Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,802,486	\$2,808,236	\$0	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)		(\$25,340)	\$25,340
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340
8	Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31,097									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 30,418	FY 18 GL-PL Ins Rpt Days								30,418		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$151.84	\$90.10	\$0.00	\$14.64	\$16.03	(with L&H)	\$18.79	\$7.12	\$4.35	\$0,81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4944</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$60,29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.29	\$0.00	\$14,64	\$16.03		\$18.79	\$7.12	\$4,35	\$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 En 12 or En 13	\$124.89	\$60,29	\$0,00	\$14.64	\$16.03		\$18.79	\$7,12	7.21	\$0.81
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwinc %	\$14.67	\$8.06	\$0.00	\$1.96	\$2.14	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.56	\$68.35	\$0.00	\$16,60	\$18.17	\$0.00	\$21.30	\$7.12	\$7.21	\$0,81
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qir End		<u>1.7067</u>								
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116,65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.86	\$116.65	\$0,00	\$16,60	\$18.17	\$0.00	\$21.30	\$7.12	\$7,21	\$0.81
l	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Coi b x CPS Add-on	\$1.17	\$1.17			,	,	,		. 2.22	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,50	\$3,50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	- 1					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$5.20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.16	\$121.85	\$0.00	\$16.82	\$18,58	\$0.00	\$38.77	\$7.12	\$7.21	\$0.81
-						L	l	L	l	L		L

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$145.55

(Ln 25 - Ln 23) \* 0.75

Provider:	PruittHealth - Lanier			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00140456A N	Case Mix Per Diem Rate Effective Date; IDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2020</b> 12/31/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 35.0% 3.10	13.37% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.4690 1.4451 1.4690	1,3617 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
2000			а	organia bishing	( C )	a Gadana		f	9	9	production <b>h</b> erical teach	inginj <b>i</b> j sa
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$6,130,722	\$3,379,589	\$0	\$531,864	\$406,769	\$259,301	\$855,162	\$281,499	\$416,538	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,413)	(\$11,236)	\$0	\$0	(\$1,408)	(\$1,043)	(\$124,288)		(\$53,719)	\$52,281
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,991,309	\$3,368,353	\$0	\$531,864	\$405,361	\$258,258	\$730,874	\$281,499	\$362,819	\$52,281
8	Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days								33,046		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$157.10	\$87.65	\$0.00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9,44	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4690</u>					ļ			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.67	\$0,00	\$13,84	\$17.27		\$19.02	\$8,52	\$9.44	\$1.36
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	\$128,53	\$59.67	\$0.00	\$13.84	\$17.27		\$19.02	\$8.52	8.85	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,68	\$7.98	\$0.00	\$1.85	\$2.31	\$0.00	\$2,54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$143.21	\$67.65	\$0.00	\$15.69	\$19,58	\$0.00	\$21.56	\$8.52	\$8.85	\$1,36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4690</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.38		ļ						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$174.94	\$99.38	\$0.00	\$15.69	\$19,58	\$0.00	\$21.56	\$8.52	\$8.85	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coî b x CPS Add-оя	\$2.48	\$2,48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98					rich photograph			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.09	\$5,99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	l.n 19 + i.n 24	\$199.03	\$105.37	\$0.00	\$15.91	\$19.99	\$0.00	\$39.03	\$8.52	\$8.85	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.45			I	J		1			<u></u>

	rovider: PruittHealth - Laurel Park rvdr ID: 00908553A  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Gr Qtrly Cognitive Per per On-Site Day/C	owth Allowance: formance Scale:		Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2708 1.4381 1.4605	State- wide 1.3617 1.4347 1.4593
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>c</u>	ASE MIX BASED RATE CALCULATIONS		а	<u>b</u>	C	d	e	<u> </u>	9		h	ii
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
-	Type of Facility within Peer Group	(and a manage		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits					222 0.200	THE BOO GIZES	7115 DED GIZES	An Dea Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.504		-	
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	į		
		(see total manady		20.00	\$0.05	\$0.22	30.47		30.37			
	Base Period Per Diem Allowed Amounts					Ì						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY2012 C/R -FY 2018 GL-PL Rp	.,,,	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283	50
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	\$0	\$0	\$0	\$0	\$0		(\$11,159)	\$11,159
7 8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	SO.	\$129,053	\$104,115	\$150,194	\$390,704		\$19,124	\$11,159
8	Total Nursing Facility Days As Filed Days = 7,283	FY12 Audited C/R Days	7,283									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								30,556		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$244.36	\$126.56	\$0.00	\$17.72	\$34.92	(with L&H)	\$53.65	7,36	\$2.63	\$1,53
11	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.2708			Ì					
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$99.59								
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$99.59	\$0,00	\$17.72	\$34.92		\$53,65	\$7.36	\$2.63	\$1.53
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51	\$0,00	\$18.41	\$23.09		\$20.56		NA	
,	Dase I end Case Mix Adjusted Allowed Fet Dieth	Lesser 01 (1) 12 01 (1) 13	\$144,40	\$71.51		\$17.72	\$23.09	ł I	\$20,56	\$7.36	\$2,63	\$1.53
	Quarterly Per Diem Rate Prior to Add-ons		1			1		ĺ				
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.77	\$9,56	\$0.00	\$2.37	\$3.09	\$0.00	\$2.75		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.16	\$81.07	\$0.00	\$20.09	\$26.18	\$0.00	\$23.31	\$7.36	\$22.93	\$1.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		<u>1.4605</u>		•			[		(FRV)	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.80	\$118.40	\$0,00	\$20.09	\$26,18	\$0.00	\$23,31	\$7.36	\$22.93	\$1.53
	Quarterly Per Diem Add-on Amounts		1			W Lines						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA	
21	Cognty Perfrm Scale Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.18	\$1.18					10.00			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,55	\$ 3,55						1 !		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			į I	•		\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.74	\$0.00	\$0.22	\$0,00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$241.86	\$123.14	\$0.00	\$20.31	\$26.18	\$0.00	\$40.41	\$7.36	\$22.93	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0,75	\$168.57				£			k		J

1	Provider: PruittHealth -Lilburn, LLC Prvdr ID: 00145527A  Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	e: <b>4/1/2020</b>		owth Allowance: Qtrly BIMS score	42.4%	Add-on Percent 13,37% 2,5% 2,0%			d Overali CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4971 1.3950 1.4177	State- wide 1,3617 1,4820 1,4569
Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	<b>e</b>	f	g	g	h	
9	CASE MIX BASED RATE CALCULATIONS										:	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
Ì	Base Period Per Diem Allowed Amounts										ļ.	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,921,988	\$4,521,861	\$0	\$739,167	\$558,342	\$428,180	\$990,593	\$365,708	\$318,137	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)	,	(\$84,953)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,765,853	\$4,519,781	\$0	\$739,167	\$555,520	\$422,705	\$846,857	\$365,708	\$233,184	\$82,931
8	Total Nursing Facility Days As Filed Days = 50,561	FY12 Audited C/R Days	50,561									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,357	FY 18 GL-PL Ins Rpt Days								49,357		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$153.77	\$89.39	\$0.00	\$14.62	\$19.35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4971								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.71	\$0.00	\$14.62	\$19.35		\$16.75	\$7.41	\$4.61	\$1.64
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	\$126.86	\$59.71	\$0,00	\$14.62	\$19.35		\$16,75	\$7.41	7.38 (FRV)	\$1,64
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14,76	\$7.98	\$0.00	\$1.95	\$2,59	\$0.00	\$2,24	N/A	N/A	N/A

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

Provider: Prvdr ID:	•	 4/1/2020		owth Allowance: Mrly BIMS score	Facility Score N/A 30.0% 3,30	Add-on Percent 13,37% 2,5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicald CMI: Wght Options:		Facility <u>Specific</u> 1.4638 1.4669 1.4929	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE	MIX BASED RATE CALCULATIONS		a	èsse brooks	enec entit	d	6	289034 <b>1</b> 360329	g.	g	iger (stage <b>h</b> (gegegeld)	alijanja ledije
I	Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
Cost	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
2 Pee 3 Pee	Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
Base	Period Per Diem Allowed Amounts											
1 1	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372	\$6,829,497	\$0	\$921,338	\$874,444	\$653,027	\$1,547,849	\$548,562	\$482,655	\$0
1 1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)		(\$133,221)	\$133,221
	st Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,617,103	\$6,806,161	\$0	\$921,338	\$874,197	\$708,045	\$1,276,145	\$548,562	\$349,434	\$133,221
	Fotal Nursing Facility Days As Filed Days = 75,230	FY12 Audited C/R Days	68,796									
	Fotal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY 18 GL-PL Ins Rpt Days								67,330		
f I	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55	\$8.15	\$5.08	\$1.94
1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.4638								
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$67.58			***		***	40.15		
	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$67.58 \$71.51	\$0.00	\$13.39	\$23,00		\$18.55	\$8.15	\$5.08	\$1.94
	Diem Standards (After Statewide CMA for Routine Srvcs) se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.97	\$71.51 \$67.58	\$0.00 \$0.00	\$18.41 \$13.39	\$23.09 \$23.00		\$20.56	\$0.00	N/A	24.04
	•	Lesser of Et 12 of Et 13	\$140.97	\$67.58	\$0.00	\$13,38	\$23,00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
1 1	terly Per Diem Rate Prior to Add-ons owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.39	\$9.04	\$0.00	\$1.79	\$3.08	\$0.00	\$2.48	N/A	N/A	N/A
1 1	A Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157,36	\$76,62	\$0.00	\$15.18	\$26.08	\$0.00	\$21.03	\$8.15	\$8.36	\$1.94
1 1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$101.00	1,4929	\$5,55	4,0.10	<b>\$20.00</b>	40.00	421.00	\$0.10	\$5.00	¥1.54
	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114,39								
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$195.13	\$114.39	\$0.00	\$15.18	\$26.08	\$0,00	\$21.03	\$8.15	\$8.36	\$1.94
Quart	terly Per Diem Add-on Amounts					40,000						
20 Effic	ciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0,07	\$0.00	\$0.37		\$0.00	
	AS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.86	\$2.86								
1 1	se Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Coi b x Sting Add-on	\$2.29	\$2.29								Ì
! !	sing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10	1		
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.44	\$5.68	\$0.00	\$0,22	\$0.07	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quart	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.57	\$120.07	\$0.00	\$15.40	\$26.15	\$0.00	\$38.50	\$8.15	\$8.36	\$1.94
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.10									

1	ovider: PruittHealth - Magnolia Manor vdr ID: 00252007A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owih Allowance: Virly BIMS score	25.0%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4894 1.5165 1.5426	State- wide 1.3617 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
11111			a	b	C	d	е	f	g	g	-eres (Alberta Propins	agag Tagab
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	***************************************	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$6,467,213	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878,818	\$240,597	\$827,590	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$0	(\$92,988)		(\$122,467)	\$122,467
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408,626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days								32,284		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23,09	(with L&H)	\$24.24	\$7.45	\$21.75	\$3.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4894</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65,00								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23,09		\$24.24	\$7.45	\$21.75	\$3.78
13	Per Diern 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 En 12 or En 13	\$166.36	\$65.00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07 (FRV)	\$3,78
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,99	\$8,69	\$0.00	\$2.46	\$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 per Current Qir End	\$183.35	\$73.69	\$0.00	\$20.87	\$26,18	\$0,00	\$23.31	\$7.45	\$28.07	\$3.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		<u>1.5426</u> \$113.67								
19	Ortrly Routine Sirves Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.33	\$113.67	\$0.00	\$20.87	\$26.18	\$0,00	\$23.31	\$7.45	\$28.07	\$3.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,14	\$1,14			. 3.33				13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.41	\$3,41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.18	\$5.08	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$245,51	\$118.75	\$0.00	\$20.87	\$26.18	\$0.00	\$40,41	\$7.45	\$28.07	\$3.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Lп 25 - Ln 23) * 0.75	\$171.31			· · · · · · · · · · · · · · · · · · ·						

	rovider: PruittHealth- Marietta rovdr ID: 00202507A		Add-on Data and F	ercentages hth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (0	CMI) Data	<u>-</u>	Facility Specific 1.2754	State- wide 1.3699
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Vurse Hour	Qtr s per On-Site Day/Qu	ly BIMS score ality Incentive:	34.0%	2.5% 2.0%	Ortrly Meald	Quarterly i	Medicaid CMI: Wght Options:		1.4829 1.5067	1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	1	THE PERSON NAMED OF THE PE	<u> </u>	b	C	d	e	f	9	9	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Slanding All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$3,693,187	\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$99,058)	(\$1,336)	\$0	(\$1,490)	(\$590)	(\$753)	1	'	(\$28,397)	\$29,365
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$3,594,129	\$1,765,842	\$0	\$323,244	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
8	Total Nursing Facility Days As Filed Days = 19,843	FY13 Audited C/R Days	10,010									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 40,456	FY 18 GL-PL ins Rpt Day								40,456		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.78	\$88.99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24,97	\$7.08	\$16.37	\$1,48
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2754								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln	9	\$69.78	\$0,00	\$16.29	\$18,60		\$24.97	\$7.08	\$16.37	\$1.48
13 14	Per Diem Standards (After Statewide CMA for Routine Srycs)	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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$152.60	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.91 (FRV)	\$1,48
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.14	\$9.33	\$0.00	\$2.18	\$2.49	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.74	\$79.11	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qir End		1.5067								
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$119.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 1	6 \$209,83	\$119.20	\$0,00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-o	\$2,98	\$2.98		1		]	13.00	] ]	ψ3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Łn 19 Col b x Strng Add-o	n \$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			Ì			\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,62	\$5.89	\$0,00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$233.45	\$125.09	\$0.00	\$18.69	\$21.50	\$0.00	\$43.70	\$7.08	\$15.91	\$1.48
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.26		<u> </u>	·I	1		t	<u> </u>		
	1		1	1								

Facility Add-on Facility State-PruittHealth - Millen Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific \_wide Prvdr ID: 00140269A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.5517 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 33.8% 2.5% Quarterly Medicald CMI; 1.6733 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Meaid CMI w RUG Wght Options; 3.29 1.7063 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1 1112			а	b.	С	d	entitle entitle	falia falaa j	g	g and	(E) E haran	55 g <b>i</b> go
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,352,163	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)		(\$26,023)	\$18,362
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,218,637	\$2,215,464	so	\$454,747	\$279,794	\$289,058	\$592,562	\$240,597	\$128,053	\$18,362
8	Total Nursing Facility Days As Filed Days = 30,270	FY12 Audited CIR Days	30,270									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,649	FY 18 GL-PL Ins Rpt Days								29,649		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8 Cola	\$139.53	\$73.19	\$0.00	\$15.02	\$18.79	(with L&H)	\$19.58	\$8.11	\$4.23	\$0,61
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12	į	<u>1.5517</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$47.17	\$0.00	\$15.02	\$18.79		\$19,58	\$8.11	\$4.23	\$0,61
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	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15,12	\$0,61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.45	\$6,31	\$0,00	\$2.01	\$2.51	\$0.00	\$2,62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.85	\$53,48	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8,11	\$15.12	\$0.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7.01.00	1.7063	\$5.55	V.,,55	Q2.1.00	\$0.00	\$22.20	\$0,11	\$10.12	₩0.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$175.62	\$91.25	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8,11	\$15.12	\$0.61
		·	•	•		41114		*****			*	40.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.65	\$5.55	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.27	\$96.80	\$0.00	\$17.25	\$21.71	\$0.00	\$39.67	\$8.11	\$15.12	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.63								•	

	rovider: PruittHealth - Monroe, LLC		Add-on Data and Gr	I Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index ((	CMI) Data		Facility Specific 1,2064	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			Qtrly BIMS score	30,4% 3.01	2.5% 2.0%	Qrtrly Mcaid	Quarterly	Medicaid CMI: Wght Options:		1.4268 1.4508	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.iiii	erreite <b>b</b> ijesser	c	d	е	ſ	9	g	h .	100 mg 1
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,654,415	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$146,03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2064</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.26	\$0.00	\$13,06	\$23.54		\$17.16	\$7.46	\$1.73	\$0.73
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	\$139.17	\$68,26	\$0,00	\$13.06	\$23,09		\$17.16	\$7.46	9.41	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.26	\$9,13	\$0.00	\$1.75	\$3.09	\$0.00	\$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.43	\$77.39	\$0.00	\$14.81	\$26,18	\$0.00	\$19.45	\$7,46	\$9.41	\$0.73
17	Quarterty Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.4508	73.00		123.10	12.00	1	1		40.70
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$112.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190,32	\$112.28	\$0.00	\$14.81	\$26,18	\$0.00	\$19.45	\$7.46	\$9.41	\$0,73
	Outstands Part Piers Add an America											
20	Quarterfy Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.81	\$0.53	ŞU.UU	<b>⊅</b> U.22	\$0.00	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$2.25					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,28	\$5,59	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	-						<del> </del>	l	ļ	
23	Quarterly Case Mix Based Per Diem Rate	LS 19 7 LJ 24	\$213,60	\$117.87	\$0.00	\$15.03	\$26.18	\$0.00	\$36.92	\$7.46	\$9.41	\$0.73

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$147.38

(Ln 25 - Ln 23) \* 0.75

1	rovider: PruittHealth - Moultrie	_	Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (1			Facility Specific	State- wide
-	rvdr ID: 00142095A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19 Nurse Hours p		owth Allowance; atriy BIMS score auality Incentive;	24.6%	13.37% 1.0% 3.0%	Ortrly Meals	Quarterly	d Overall CMI Medicaid CMI Wght Options	:	1.4840 1.3754 1.4026	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dřetary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			(a.e. (a.e.)	b	( C	or d	e	999994 <b>1</b> 0099	g	g	h	Signago I Proce
C	ASE MIX BASED RATE CALCULATIONS											
1		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734	\$1,814,293	\$0	\$336,184	\$285,278	\$234,537	\$563,197	\$163,606	\$489,639	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$68,459)	(\$5,284)	\$0	(\$880)	\$0	\$0	(\$62,295)		(\$12,027)	\$12,027
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,818,275	\$1,809,009	\$0	\$335,304	\$285,278	\$234,537	\$500,902	\$163,606	\$477,612	\$12,027
8	Total Nursing Facility Days As Filed Days = 22,836	FY12 Audited C/R Days	22,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,376	FY 18 GL-PL Ins Rpt Days								23,376		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14.68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20.91	\$0.53
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4840</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7,00	\$20.91	\$0.5
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	\$137.47	\$53.38	\$0.00	\$14.68	\$22.76		\$20.56	\$7.00	18.56 (FRV)	\$0.53
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwnc %	\$14.89	\$7.14	\$0.00	\$1,96	\$3.04	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.36	\$60.52	\$0.00	\$16.64	\$25.80	\$0.00	\$2.75	\$7.00	\$18.56	\$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	7.52.00	1,4026	\$5.00	0.0.04	Q20.00	00,00	Ψ20.01	\$7.00	\$10.56	.Ju.5.
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.73	\$84.89	\$0.00	\$16.64	\$25.80	\$0.00	\$23.31	\$7.00	\$18.56	\$0.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,00	\$0,53	\$0.00	\$0.22	\$0.25	\$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	\$0.85	\$0.85								
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	\$21.50	\$3.93	\$0,00	\$0.22	\$0.25	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.23	\$88.82	\$0.00	\$16.86	\$26.05	\$0.00	\$40.41	\$7.00	\$18.56	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.85					•	*	4		

	ovider: PruittHealth-Ocilia ovdr ID: 00142315A	Ac	d-on Data and P	ercentages th Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (0 Base Period	CMI) Data I Overall CMI;		Facility Specific 1.2894	State- wide 1.3699
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:				28.1% 3.54	1.0% 3.0%	Ortrly Moaid		nedicaid CMI:		1.5219 1.5506	1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			a	b	C	d	e	f	g	9 1	h	i
<u>C.</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	so	(\$73,521)	1 . [	(\$4,692)	\$13.0
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$2,115,741	\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,0
8	Total Nursing Facility Days As Filed Days = 12,967	FY13 Audited C/R Days	12,967								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,080	FY 18 GL-PL Ins Rpt Days	American							23,080		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	in 7 / in 8 Col a	\$156,42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8,65	\$8.39	\$1.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2894								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 9 / Լո 10		\$61.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	\$8,39	\$1.
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	\$139.31	\$61.06	\$0,00	\$14.52	\$22,44		\$22.69	\$8.65	8.95	\$1.
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16,13	\$8,16	\$0.00	\$1.94	\$3.00	\$0.00	\$3.03	N/A	N/A	N
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.44	\$69,22	\$0.00	\$16,46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	S1.
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	-	1.5506			·		,			• • • • • • • • • • • • • • • • • • • •
18	Ortrly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107,33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.55	\$107.33	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8,65	\$8.95	\$1.
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07	45.00		\$5.41	<b>QU.00</b>	\$0.57		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$3,22								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.92	\$4.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	S0.00	SO.
			÷	1		<del></del>						

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$149.53

(Ln 25 - Ln 23) \* 0.75

Provider. Prvdr ID:	PruittHealth - Old Capitol 00142304A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Add-on Data and Percentages Growth Allowance: Qtrify BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 34.3% 2.97	Add-on <u>Percent</u> 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.2935 1.2950 1.3142	State- wide 1,3617 1,4820 1,4569
Line #	Description	<ul> <li>Bassing and Artist a</li></ul>	rices / Totals Routine Services	Special Services	Dietary	Uperains I and I	8G-GL-PL Property and neurance Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Operatns & Maint	and General	A&G-GL-PL Insurance	and Related	and Insurance
100			а	b	С	d	е	f	g	g	fire the h	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilbin Peer Group Bed Size Range wilbin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$5,892,389	\$2,956,703	\$0	\$535,070	\$480,839	\$285,393	\$776,842	\$344,054	\$513,488	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,523)	(\$6,095)	\$0	(\$1,602)	(\$4,084)	(\$2,989)	(\$128,395)		(\$62,054)	\$57,696
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,744,866	\$2,950,608	\$0	\$533,468	\$476,755	\$282,404	\$648,447	\$344,054	\$451,434	\$57,696
8	Total Nursing Facility Days As Filed Days = 45,401	FY12 Audited C/R Days	45,401									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,972	FY 18 GL-PL Ins Rpt Days								42,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126.96	\$64.99	\$0.00	\$11,75	\$16.72	(with L&H)	\$14.28	\$8,01	\$9.94	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.2935								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50,24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.24	\$0.00	\$11,75	\$16.72		\$14.28	\$8,01	\$9.94	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$110.02	\$50.24	\$0.00	\$11.75	\$16.72		\$14.28	\$8.01	7.75	\$1.27
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$12.44	\$6.72	\$0,00	\$1.57	\$2.24	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + ភែ 15	\$122,46	\$56,96	\$0.00	\$13.32	\$18.96	\$0,00	\$16.19	\$8.01	\$7,75	\$1.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3142								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Łn 16 x Ln 17		\$74.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.36	\$74.86	\$0,00	\$13.32	\$18.96	\$0.00	\$16,19	\$8.01	\$7.75	\$1.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87							\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	£n 19 Col b x Slfng Add-on	\$2.25	\$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.75	\$4.65	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163,11	\$79,51	\$0.00	\$13.54	\$19.37	\$0.00	\$33.66	\$8.01	\$7.75	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$109.51			1		I		1		1
	t ·			l .								

1	rovider: PruittHealth - Palmyra	Ad	d-on Data and F	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index ((	CMI) Data	•	Facility Specific	State- wide
Р	rvdr ID: 00142337A			vth Allowance:	N/A	13.37%			d Overall CMI		1.3544	1.4014
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	4/1/2020 12/31/19 Nurse Hours per		rly BIMS score	32,8% 3.72	2.5% 2,0%	Odrly Meaid		Medicaid CMI Wght Options		1.3762 1.4003	1.4569
	The second secon						y was a second		vvgiii options		1.4003	1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	· · · · · · · · · · · · · · · · · · ·		а	ь	C	d	e	f	9		h	i
С	ASE MIX BASED RATE CALCULATIONS											
_												
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1			
	Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				Tim Both Gizes	7 til Bed Oxedo	7.11 Ded Oizes	All DEG SIZES	Au Deu Gizes	All Det Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90,0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	so	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	so
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$1,099,099)	1	\$0	\$0	so	\$0	(\$1,099,099	1	(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754		\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	<b>'</b> !	\$487,756	\$37,252
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292		, -	, ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1 3301,100	4101,100	407,202
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.83	\$72.52	\$0,00	\$13,90	\$25.55	(with L&H)	\$17.57	1 1	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3544				,		1	40.00	<b>40.5</b> 2
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	1	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0,00	\$13.90	\$23,55		\$17.57	\$7.58	8,71	\$0.62
ı											(FRV)	
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwac %	04450		***							
15 16	Growth Allowance Percentage = 13,4%	Ln 14 x Grwin Anwnc %  Ln 14 + Ln 15	\$14,52	\$7.16	\$0.00	\$1.86	\$3.15	\$0.00	\$2.35		N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)		\$139.99	\$60.70	\$0.00	\$15.76	\$26.70	\$0.00	\$19,92	\$7.58	\$8.71	\$0.62
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4003								
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.29	\$85.00	\$0.00	\$15.76	\$26,70	\$0.00	\$19.92	\$7.58	\$8,71	\$0.62
	Quarterly Per Diem Add-on Amounts		1									
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0,53	\$0,00	\$0.22	\$0,00	\$0.00	\$0,37	-	\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$2.13	\$2.13						-		
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	\$22.05	\$4.36	\$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	\$186.34	\$89.36	\$0.00	\$15,98	\$26.70	\$0.00	\$37.39	\$7.58	\$8.71	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) * 0.75	\$126,93		·	<u></u>	<u> </u>	<u> </u>	1	.1		
	1	<b>,</b>	7.200	1								

Facility Add-on Facility State-PruittHealth - Peake, LLC Provider: Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific \_\_wide\_ Prvdr ID: 00143327A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1,4021 1.3617 Case Mix Per Diem Rate Effective Date; 4/1/2020 Qtrly BIMS score Quarterly Medicaid CMI: 47.9% 5.5% 1,4848 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 3.0% Ortrly Moaid CMI w RUG Wight Options: 3,89 1,5119 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
31,50			a a	( b ( b ( )	С	d	• • • • • • • • • • • • • • • • • • •	5000 <b>1</b> 0000	g	in in grains	3:37:5556 <b>h</b> 34-55565	2021 <b>(1</b> 422)
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$7,408,690	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293,529	\$577,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL ins Rpt Days								41,326		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln B Col a	\$170.34	\$94.68	\$0.00	\$15.67	\$20,72	(with L&H)	\$18.81	\$7,10	\$10.73	\$2.63
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4021								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$67.53	\$0.00	\$15,67	\$20.72		\$18,81	\$7.10	\$10.73	\$2.63
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	\$148.06	\$67,53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60	\$2.63
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.41	\$9.03	\$0.00	\$2,10	\$2.77	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.47	\$76.56	\$0.00	\$17.77	\$23,49	\$0.00	\$21,32	\$7.10	\$15.60	\$2.63
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5119			1		42	41710	\$10.00	0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$203,66	\$115.75	\$0.00	\$17.77	\$23.49	\$0.00	\$21.32	\$7.10	\$15,60	\$2.63
	Outstand Design and Advantage of											
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	e4 50	20.50	60.00	40.00	20.44		***			
20 21	Efficiency Add-on Per Diem {{Stnd - Alwd} x .75, up to max, or 0} BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	(see Policy Manual)  Ln 19 Col b x CPS Add-on	\$1.53 \$6.37	\$0,53 \$6.37	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3,47	\$6.37 \$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$3,47 \$17,10	33.41					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.47	\$10.37	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232,13	\$126,12	\$0.00	\$17.99	\$23.90	\$0.00	\$38,79	\$7.10	\$15.60	\$0.00
				7,00116	1	711.55	423.30	40,00	1 400.75	J10	\$,5,00	92,03
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.27									

l	rovider: PruittHealth-Rome trvdr ID: 299031876A			th Allowance;		Add-on Percent 13.37%	Cas		d Overall CMI:		Facility Specific 1.3499	State- wide 1.4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours per (		ly BIMS score ality Incentive:		2.5% 3.0%	Ortrly Mcaid	Quarterly I CMI w RUG I	Medicaid CMI: Nght Options:		1.5041 1.5275	1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
i	The state of the s	,	<u>a</u>	ь	С	d	е	f	g		h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS		1									
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits		!	Ì								
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts		t									
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	so	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	sc
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$78,774)	\$0	so	\$0	\$605	\$1,781	(\$81,716)	1 1	(\$25,246)	\$25,802
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	\$1,421,270	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,802
8	Total Nursing Facility Days As Filed Days = 18,323	FY14 Audited C/R Days	18,323			, ,	*******	,	0 /07,000	\$2.10,051	ψ10-1,001	020,002
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,387	FY 18 GL-PL Ins Rpt Days								34,387		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0.00	\$16,52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7,35	\$1.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1,3499						•,,,20	<b>0</b> 00	<b>V</b> 1.41
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	ļ	\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	}	\$57.46	\$0.00	\$16.52	\$31,52		\$26.63	\$7.00	\$7.35	\$1,41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	1	\$73,31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	\$0.00	7,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.92	\$57,46	\$0.00	\$16.52	\$23.55		\$24.02	\$7.00	10.96	\$1.41
	Quarterly Per Diem Rate Prior to Add-ons				ŀ						(FRV)	
15	Growth Allowance Percentage ≃ 13.4%	Ln 14 x Grwth Allwnc %	\$16.25	\$7.68	\$0.00	\$2.21	\$3.15	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.17	\$65.14	\$0.00	\$18.73	\$26.70	\$0,00	\$27.23	\$7,00	\$10.96	\$1.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	<u>1.5275</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.53	\$99,50	\$0.00	\$18.73	\$26.70	\$0,00	\$27.23	\$7.00	\$10,96	\$1.41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Lл 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	Ì					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,33	\$6.01	\$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	\$214.86	\$105.51	\$0,00	\$18.95	\$26.70	\$0.00	\$44.33	\$7.00	\$10,96	\$1.41
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.32			4			5	1		L
	•		4	1								

# Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 15.3% 3.58	Add-on Percent 13.37% 0.0% 3.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.5049 1.4789 1.5041	State- wide 1.3617 1.4347 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
CASE MIX BASED RATE CALCULATIONS		a	<u>b</u>	C	d	<u>e</u>	f	g	Ì	h	i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$153.32 \$16.97 \$177.42	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.5041 \$115.83	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87		1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$25.51 \$25.51 \$25.61 (FRV Rate)	\$0.9 \$0.92
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$216,24	\$115.83	A	\$19.83	\$24.87		\$22.14	\$7.13	\$25.51	\$0.92
BIMS Add-on Per Diem = 0.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$0.00 \$3.48 \$17.10 \$20.58	\$0,00 \$3,48					17.10			
Quarterly Case Mix Based Per Diem Rate		\$236.81	\$119.31		\$19.83	\$24.87		\$39.24	\$7.13	\$25.51	\$0.92
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$164.78	<u></u>					1				

Facility Add-on Facility State-PruittHealth - Shepherd Hills, LLC Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00142964A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.4305 1,3617 Case Mix Per Diem Rate Effective Date: Qirly BIMS score 4/1/2020 18.8% 0.0% Quarterly Medicaid CMI: 1.2954 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% 3.38 Ortrly Meaid CMI w RUG Wght Options: 1.3178 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
1.5.			а	<b>b</b>	C See	d	е	23: 22 <b>:1</b> 2:00	g	9	as grana <b>h</b> istoria.	14. 15. <b>1</b> . 15.
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Altowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,573,146	\$3,139,645	\$0	\$526,560	\$391,236	\$294,748	\$752,684	\$269,469	\$198,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$122,716)	(\$7,258)	\$0	(\$373)	(\$6,672)	(\$5,706)	(\$99,324)		(\$42,168)	\$38,785
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,450,430	\$3,132,387	\$0	\$526,187	\$384,564	\$289,042	\$653,360	\$269,469	\$156,636	\$38,785
8	Total Nursing Facility Days As Filed Days = 39,683	FY12 Audited C/R Days	39,683									
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 37,862	FY 18 GL-PL Ins Rpt Days								37,862		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16.97	(with L&H)	\$16,46	\$7.12	\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4305</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$55.18	\$0,00	\$13.26	\$16.97		\$16.46	\$7.12	\$3,95	\$0.98
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	\$116.66	\$55,18	\$0,00	\$13.26	\$16.97		\$16.46	\$7.12	6,69	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$13.62	\$7.38	\$0.00	\$1.77	\$2.27	\$0.00	\$2.20	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$130,28	\$62,56	\$0.00	\$15.03	\$19.24	\$0.00	\$18.66	\$7.12	\$6.69	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3178								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.16	\$82.44	\$0.00	\$15.03	\$19.24	\$0,00	\$18.66	\$7.12	\$6,69	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col 5 x CPS Add-on	\$0.00	\$0.00	1		+2.71	+2.00	+5.01		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.10	\$3,00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.26	\$85.44	\$0.00	\$15.25	\$19.65	\$0.00	\$36.13	\$7.12	\$6.69	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.62		I	J	l	I	<u></u>	i		1
20	women, i or brem hate for bed from and Leave Days	(0.25-0.20) 0.75	\$110.62									

1	ovider: PruittHealth -Spring Valley, LLC		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
1	vdr ID: 00143096A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours	_	owth Allowance: atrly BIMS score auality Incentive;		13.37% 2,5% 3,0%	Ortrly Meale	Quarterly	d Overall CMI; Medicaid CMI; Wght Options;		1.3401 1.3529 1.3748	1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3.55			a esta a esta esta esta esta esta esta e	b	c c	ď	е	<b>f</b>	g	g	eteres <b>h</b> aller	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,128,444	\$1,595,716	\$0	\$306,856	\$236,002	\$185,738	\$554,227	\$144,358	\$105,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,694)	(\$852)	\$0	\$0	(\$2,164)	(\$2,923)	(\$56,789)		(\$15,218)	\$14,252
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,064,750	\$1,594,864	\$0	\$306,856	\$233,838	\$182,815	\$497,438	\$144,358	\$90,329	\$14,252
8	Total Nursing Facility Days As Filed Days = 20,610	FY12 Audited C/R Days	20,610									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123	FY 18 GL-PL ins Rpt Days								18,123		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.67	\$77.38	\$0,00	\$14.89	\$20.22	(with L&H)	\$24.14	\$7.97	\$4,38	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,3401</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.74	\$0,00	\$14,89	\$20.22		\$24.14	\$7.97	\$4,38	\$0,69
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	\$130.67	\$57.74	\$0.00	\$14.89	\$20.22		\$20,56	\$7.97	8.60 (FRV)	\$0.69
	Quarterly Per Diem Rate Prior to Add-ons										(, 1.0)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15,16	\$7.72	\$0.00	\$1.99	\$2.70	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.83	\$65.46	\$0.00	\$16,88	\$22.92	\$0.00	\$23.31	\$7.97	\$8.60	\$0,69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3748</u>								
18	Qrtriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.36	\$89.99	\$0.00	\$16.88	\$22.92	\$0.00	\$23.31	\$7.97	\$8.60	\$0.69
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5,48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.57	\$95.47	\$0.00	\$17.10	\$23,33	\$0.00	\$40.41	\$7.97	\$8.60	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.35					1	1		-	

Facility Add-on Facility State-PruittHealth - Sunrise, LLC Provider: Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific \_wide\_ Prvdr ID: 00143173A Growth Allowance: N/A 13,37% Base Period Overall CMI; 1.3624 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 23.4% 1.0% Quarterly Medicaid CMI; 1.4549 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Moaid CMI w RUG Wight Options: 3.0% 3.67 1.4803 1,4569

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
4.55			а	Ь	С	d	е	giyak <b>f</b> alleg	( g	g	h h	Signale pe
<u>c</u>	ASE MIX BASED RATE CALCULATIONS						İ					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$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	\$2,978,696	\$1,446,356	\$0	\$308,457	\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$58,620)	(\$2,358)	\$0	(\$869)	\$0	\$0	(\$55,393)		(\$20,929)	\$20,929
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,920,076	\$1,443,998	\$0	\$307,588	\$188,495	\$220,501	\$406,741	\$144,358	\$187,466	\$20,929
8	Total Nursing Facility Days As Filed Days = 21,352	FY12 Audited C/R Days	21,352				***************************************					
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,808	FY 18 GL-PL (ns Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137,29	\$67,63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3624								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$49.64	\$0.00	\$14.41	\$19,15		\$19.05	\$7.29	\$8.78	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	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	\$120.08	\$49.64	\$0.00	\$14.41	\$19,15		\$19.05	\$7.29	9.56	\$0,98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.68	\$6.64	\$0.00	\$1.93	\$2,56	\$0,00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.76	\$56,28	\$0,00	\$16.34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.56	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Olr End		1.4803			j					
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83,31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$160.79	\$83.31	\$0,00	\$16,34	\$21.71	\$0.00	\$21.60	\$7.29	\$9.56	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83							13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,50	\$2.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.96	\$3.86	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.75	\$87.17	\$0.00	\$16.56	\$22.12	\$0.00	\$39.07	\$7.29	\$9.56	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.24		<b>L</b>	1		1	<del>1</del>			li

	rovider: PruittHealth - Swainsboro, LLC rvdr ID: 00143195A  Case Mix Per Diem Rate Effective Date:	4/1/2020		Percentages owth Allowance: Otrly BIMS score	Facility Score N/A 32.4%	Add-on Percent 13.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.4255 1.4750	State- wide 1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours p	er On-Site Day/C	uality Incentive:	3.28	2.0%	Qrtrly Mcaid	CMI w RUG \	Nght Options:		1.5012	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
			а	b	С	d	е	f	g	g	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,119,026	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days								29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4255</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	\$6.45	\$0.92
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	\$127.00	\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	8.89	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.54	\$8.02	\$0.00	\$1.73	\$2.43	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.54	\$68.04	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8.46	\$8.89	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5012</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.64	\$102.14	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8.46	\$8.89	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.86	\$107.26	\$0.00	\$14.88	\$20.99	\$0.00	\$37.46	\$8.46	\$8.89	\$0.92

\$136.32

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: PruittHealth-Sylve	ster	_ Ado	I-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Dala		Facility Specific	State- wide
Prvdr ID: 00143206A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	th Allowance: ly BIMS score ality Incentive:		13.37% 2,5% 3.0%	Ortrly Moaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options:		1.3730 1,4040 1.4277	1.4014 1.4569 1.4820
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	A		a	b	c	d	е	1	g		h	i
CASE MIX BASED RATE CALC	CULATIONS									]		
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	,	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Am	ounts											
5 As Filed Cost Center Costs (Routin		As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	S0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342.824	\$0
6 Audit Adjustments and Reallocation	·	12/31/14 C/R Audit Adjstmts	(\$517,210)	so	SO.	\$0	\$0	\$0	(\$517,210)	\$201,499	(\$21,498)	\$21,498
7 Cost Center Costs After Audit Adjus	stments	12/31/14 Audited C/R	\$4,069,279	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8 Total Nursing Facility Days	As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754				·				4121,020	V27,100
Total Nursing Facility Days GL-F	PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days								38,792		
9 Net Per Diems prior to Case Mix Ac	ijstmt to Routine Srvcs	in 7 / in 8 Cola	\$143.74	\$65.97	\$0.00	\$12.71	\$25.98	(with L&H)	\$19.47	\$7,26	\$11.58	\$0,77
10 Base Period Facility Case Mix In	dex for All Residents	from 4 qtrs of FY10		1.3730								
11 Routine Srvcs Case Mix Adjstd (	CMA) Net Per Diem	Ln 9/Ln 10		\$48.05								
12 Net Per Diems after Case Mix Adjst	tmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.05	\$0.00	\$12.71	\$25.98		\$19.47	\$7.26	\$11,58	\$0.77
13 Per Diem Standards (After Statewide	CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14 Base Period Case Mix Adjusted Alic		Lesser of Ln 12 or Ln 13	\$121.42	\$48.05	\$0.00	\$12.71	\$23.55		\$19.47	\$7.26	9,61 (FRV)	\$0.77
Quarterly Per Diem Rate Prior to As 15 Growth Allowance Percentage =	dd-ons 13.4%	Ln 14 x Grwth Allwnc %	040.07									
16 CMA Allowed Per Diem (After Growth	<del></del>	Ln 14 + Ln 15	\$13,87 \$135,29	\$6.42 \$54.47	\$0.00 \$0.00	\$1.70	\$3,15	\$0.00	\$2.60	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index	' '	per Current Otr End	\$185.29	1.4277	\$0.00	\$14.41	\$26,70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
18 Ortriy Routine Srvcs Case Mix A		Ln 16 x Ln 17		\$77,77								
19 Quarterly Medicaid CMA Allowed P		RS = Ln 18, AllOthr = Ln 16	\$158,59	\$77.77	\$0.00	\$14.41	\$26.70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
Quarterly Per Diem Add-on Amoun	ts								E		-	
20 Efficiency Add-on Per Diem ([Stnd-		(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94								
22 Nurse Staff Hrs / Quality Add-on Pe	er Diern = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$2.33	\$2.33								
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on A	mounts	Sum of Las 20 thru 23	\$22.49	\$4,80	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Dien	n Rate	Ln 19 + Ln 24	\$181.08	\$82.57	\$0.00	\$14,63	\$26.70	\$0.00	\$39.54	\$7.26	\$9.61	\$0.77
26 Quarterly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0,75	\$122.99									

1	Provider: PruittHealth -Toccoa, LLC Prvdr ID: 00143305A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; trly BIMS score	Facility Score N/A 32.8% 3.44	Add-on Percent 13.37% 2.5% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	Facility <u>Specific</u> 1.5108 1.4030 1,4270	State- wide 1.3617 1.4820 1.4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
146			а	Beer ( b episode	-	d	е	lakanafinyasi	9	g	ilization <b>h</b> armonia.	-, 5.77 <b>1</b> ) (5.54)
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6		FY12 C/R Audit Adjstmts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7		FY12 Audited C/R	\$8,286,573	\$4,626,746	\$0	\$872,878	\$691,481	\$427,592	\$1,080,205	\$435,481	\$105,036	\$47,154
8	Total Nursing Facility Days As Filed Days = 60,191	FY12 Audited C/R Days	60,191									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY 18 GL-PL Ins Rpt Days								57,413		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	\$7.59	\$1.75	\$0.78
10		from 4 qtrs of FY12		<u>1.5108</u>								
11	, , , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$50,88								
12		RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0,00	\$14,50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13	,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14		Lesser of Ln. 12 or Ln. 13	\$116.77	\$50.88	\$0,00	\$14.50	\$18.59		\$17.95	\$7.59	6.48 (FRV)	\$0,78
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	640.50	60.00	00.00	***		***				
16		Ln 14 x Giwan Allwinc %	\$13.63 \$130.40	\$6.80 \$57.68	\$9,00 \$9,00	\$1.94	\$2.49 \$21.08	\$0.00 \$0.00	\$2.40	N/A	N/A	N/A
17	1	per Current Qtr End	\$130.40	1.4270	<b>⊅</b> 0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7,59	\$6.48	\$0.78
18		En 16 x En 17		\$82.31								
19	, , ,	RS = Ln 18, AllOthr = Ln 16	\$155.03	\$82.31	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7,59	\$6.48	\$0.78
	Quarterly Per Diem Add-on Amounts											
20	· ·	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.06	\$2.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1,65	\$1.65								
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	\$22.34	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.37	\$86.55	\$0.00	\$16.66	\$21.49	\$0.00	\$37.82	\$7.59	\$6.48	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120,20									

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

1	Provider: PruittHealth - Toomsboro, LLC Prvdr ID: 00409494A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance; Lirly BIMS score		Add-on Percent 13.37% 2.5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3444 1,4410 1,4666	State- wide 1.3617 1.4820 1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
c	CASE MIX BASED RATE CALCULATIONS		а	b	C	d	е	<b>f</b>	9	g	h in the second	Zyeles <b>i</b> t tes.
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,076,559	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$61,734)	(\$5,005)	\$0 \$0	(\$758)	(\$882)		(\$55,009)	2442470	(\$25,537)	\$25,355
8	Total Nursing Facility Days As Filed Days = 20,394	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$3,014,825 20,394	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$147.96	\$75.51 <u>1.3444</u>	\$0.00	\$14,81	\$21.42	(with L&H)	\$19.48	20,031 \$7.45	\$8.05	\$1.24
11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOthr = Ln 9		\$56.17 \$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7,45	\$8.05	\$1,24
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	\$6.05 N/A	\$1.24
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.56	\$56,17	\$0,00	\$14.81	\$21.42		\$19.48	\$7.45	13.99 (FRV)	\$1.24
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.95	\$7.51	\$0.00	\$1.98	\$2.86	\$0.00	\$2.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.51	\$63.68	\$0.00	\$16.79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4666</u>						·		
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.22	\$93.39	\$0.00	\$16.79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$5.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$202.98

\$139.41

\$99.05

\$0.00

\$17.01

\$24.69

\$0.00

\$39,55

\$7.45

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$13.99

\$1.24

1	ovider: PruittHealth - Valdosta vdr ID: 00141369A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; ltdy BIMS score	38.9%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.6176 1.4623 1.4877	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		а	b	С	d		lander farger	g	g	utėjopadų <b>h</b> oputiliojis.	2013-35 Papagana
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			W
_	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	\$5,327,017	\$2,993,919	\$0	\$460,159	\$341,308	\$275,624	\$816,515	\$235,785	\$203,707	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$97,943)	(\$5,060)	\$0	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$37,125)	\$35,839
8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 33,103	FY12 Audited C/R Days	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
"	Total Nursing Facility Days  As Filed Days = 33,103  Total Nursing Facility Days GL-PL Ins. Rpt  As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days	33,103									
9	Net Per Diems prior to Case Mix Adjistmt to Routine Srycs	En 7/En 8 Col a	\$158.20	600.00	\$0.00	545.00	<b>640.4</b> 0			31,977		
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$156.20	\$90,29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		1.6176 \$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.82 \$55,82	\$0.00	\$13.90	\$18,49		\$22.04	\$7,37	65.00	04.00
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	per Peer Group Limits		\$71.51	\$0.00	\$13.90	\$16.49 \$23.09		\$22.04	\$7.37	\$5,03 N/A	\$1.08
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126,66	\$55.82	\$0.00	\$13.90	\$25,09		\$20,56	\$7.37	9.44	\$1.08
			¥11,0.00	400.02	Ç3.00	\$10.50	. \$10.45		\$20.50	37.37	(FRV)	\$1.00
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,54	\$7,46	\$0.00	\$1,86	\$2.47	\$0.00	\$2,75	N/A	ALEA	NICA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.20	\$63.28	\$0.00	\$15.76	\$20,96	\$0.00	\$2,75	\$7.37	N/A \$9,44	N/A \$1.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4,	1.4877	<b>4</b> 0.00	410.70	020.00	\$0.00	920.01	\$1,51	\$5.44	\$1,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.06	\$94,14	\$0,00	\$15.76	\$20,96	\$0.00	\$23.31	\$7.37	\$9.44	\$1.08
	Quarterly Per Diem Add-on Amounts											ĺ
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	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Dìem = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sifng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,43	\$5.70	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.49	\$99.84	\$0.00	\$15.98	\$21.37	\$0.00	\$40.41	\$7.37	\$9.44	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133,79									

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

Facility

	rovider: PruittHealth - Virginia Park rvdr ID: 00140401A  Case Mix Per Diem Rale Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; Orly BIMS score	Facility Score N/A 35.5% 3.57	Add-on <u>Percent</u> 13.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.4219 1.6109 1.6400	State- wide 1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d .	8	f.c.	g	g	h	9-12- <b>i</b> -19-
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	W-4		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,547,096	\$4,755,817	\$0	\$719,530	\$339,759	\$298,657	\$1,327,791	\$306,121	\$799,421	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$7,650	(\$7,451)	\$0	so	\$32,997	\$27,922	(\$111,623)	1	(\$8,698)	\$74,503
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,554,746	\$4,748,366	\$0	\$719,530	\$372,756	\$326,579	1 ' '	\$306,121	\$790,723	\$74,503
8	Total Nursing Facility Days As Filed Days = 40,111	FY12 Audited C/R Days	40,111									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 41,304	FY 18 GL-PL Ins Rpt Days								41,304		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$213.05	\$118.38	\$0.00	\$17,94	\$17.43	(with L&H)	\$30,32	\$7.41	\$19.71	\$1,86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4219								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$83.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83.26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86
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	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11,90	\$1.86
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$17.04	\$9.56	\$0.00	\$2,40	\$2.33	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + En 15	\$165,65	\$81.07	\$0.00	\$20.34	\$19,76	\$0.00	\$23.31	\$7.41	\$11,90	\$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6400			•				******	•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$217.53	\$132.95	\$0.00	\$20,34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.90	\$1.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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	\$3.32	\$3.32	ψ3.00	30,22	ψ0.41	\$0.00	\$0,00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	45.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.04	\$7.31	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.57	\$140.26	\$0.00	\$20,56	\$20.17	\$0.00	\$40,41	\$7.41	\$11.90	\$1.86
								1	1	1		7

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$169.10

(Ln 25 - Ln 23) \* 0.75

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

	Provider: Prvdr (D:	Pruitt Health - Washington	•••••	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index ((	CMI) Data		Facility Specific 1,5606	State- wide 1,3617
		Case Mix Per Diern Rale Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		trly BIMS score	53.1%	5.5% 3.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI: Wght Options:		1,5577 1,5875	1.4820 1.4569
Lin		Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	n   6 9 9 6 6 6 6			а	b	С	d	е	10000 <b>1</b> 00000	g	g	h	2.22234662
9	CASE MI	IX BASED RATE CALCULATIONS											
1	7	enter Peer Groups Type of Facility within Peer Group 3ed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer 0	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier Incy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Pe	eriod Per Diem Allowed Amounts											
5	As File	ed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	1	Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	1	Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8		al Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
	1	al Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	1	er Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0,00	\$14.08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4,39	\$1.29
10		se Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5606</u>								
11		utine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$48.37								
12	1	er Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48,37	\$0.00	\$14.08	\$21,54		\$21.45	\$7.65	\$4.39	\$1.29
13		iem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	2400.00	\$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 of Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20,56	\$7.65	8,61 (FRV)	\$1.29
	į.	ly Per Diem Rate Prior to Add-ons										,	
15		h Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.98	\$6.47	\$0.00	\$1.88	\$2.88	\$0.00	\$2.75	N/A	N/A	N/A
16		Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136.08	\$54.84	\$0.00	\$15.96	\$24.42	\$0.00	\$23.31	\$7.65	\$8.61	\$1.29
17	1	arlerly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1,5875</u>								
18	1	fly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ี £ศ 16 x £ศ 17 RS = Lศ 18, AllOthr = Lศ 16	****	\$87.06								
19	Quane	erly Medicaid CMA Allowed Per Diern	KS = Ln 18, Allothr = Ln 16	\$168.30	\$87.06	\$0,00	\$15.96	\$24.42	\$0,00	\$23.31	\$7.65	\$8.61	\$1.29
	Quarter	ly Per Diem Add-on Amounts											
20	1	ncy 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	1	Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4,79	\$4.79								
22	1	Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23		g Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total C	Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,66	\$7.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarter	ly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.96	\$94.99	\$0,00	\$16.18	\$24.83	\$0.00	\$40.41	\$7.65	\$8.61	\$1.29
26	Quarter	ly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$132.65	•								

Facility Add-on Facility State-PruittHealth - West Atlanta Provider: Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific \_\_wide\_ Prvdr ID: 00256088A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.3473 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 9.5% 0.0% Quarterly Medicaid CMI: 1,3614 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 2.0% Ortrly Moaid CMI w RUG Wight Options: 3.26 1.3841 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
0.00%			Accessance (C	Ham banks	С	d	е	Berrief and	g ·	g	in the second	Salara I
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Graups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$6,403,277	\$3,356,562	\$0	\$587,511	\$437,095	\$551,516	\$917,961	\$288,717	\$263,915	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$116,610)	(\$7,200)	so	(\$894)	\$579	\$731	(\$110,176)		(\$63,714)	\$64,064
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,286,667	\$3,349,362	so	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days As Filed Days = 39,588	FY12 Audited C/R Days	39,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days								34,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / £n 8 Col a	<b>\$</b> 159.86	\$84.61	\$0.00	\$14.82	\$25.01	(with L&H)	\$20.40	\$8.34	\$5.06	\$1.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3473</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$62.80	\$0.00	\$14.82	\$25.01		\$20,40	\$8.34	\$5.06	\$1.62
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	\$141.13	\$62.80	\$0,00	\$14.82	\$23.09		\$20,40	\$8.34	10.06	\$1,62
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,20	\$8,40	\$0.00	\$1,98	\$3.09	\$0.00	\$2,73	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.33	\$71,20	\$0.00	\$16.80	\$26.18	\$0.00	\$23.13	\$8,34	\$10.06	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$107.00	1.3841	\$5.00	\$10.00	\$20.10	\$5.00	\$20.10	\$0,54	\$10,00	\$1.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.68	\$98,55	\$0.00	\$16.80	\$26.18	\$0,00	\$23.13	\$8.34	\$10,06	\$1.62
20	Quarterly Per Diem Add-on Amounts	for Deformation	45.03	** **								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  8IMS Add-on Per Diem = 0.0% (to Routine Srvs)	(see Policy Manual) En 19 Col b x CPS Add-on	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0,12		\$0.00	
21			\$0.00	\$0.00								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)  Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.97	\$1,97					047.0			
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	ėn sa	en 00	00.00	60.00	***	\$17.10			
			\$19.94	\$2.50	\$0.00	\$0.22	\$0,00	\$0.00	\$17.22	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.62	\$101.05	\$0.00	\$17.02	\$26.18	\$0.00	\$40.35	\$8.34	\$10.06	\$1.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.64									

Provider:	Quiet Oaks Health Care Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00370851A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1.2112	1.3617
	Case Mix Per Diem Rate Effective Date:		Qtrly BIMS score	48.8%	5.5%	Quarterly Medicaid CMI:	1.4065	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.84	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1.4347	1,4569
			ALAN ALAN ALAN ALAN ALAN ALAN ALAN ALAN	*****	1	To the same and the same of the same area.		

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
100000			а	b	C	de la companya de la	e	<b>f</b> (1)	g	9	h	\$450 Tale -
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	so
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		<u>1.2112</u>								
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, AliOthr = 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	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	Լո 14 + Լո 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	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = l.n 18, AllOthr = l.n 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 ([Sind - 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)	£л 19 Col b x CPS Add-on	\$4.67	\$4,67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stycs)	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						4			

# Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Quinton Memorial Health Care Prvdr ID: 00150279A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nu		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 27.5% 2.83	Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI ly Medicaid CMI G Wght Options		Facility Specific 1.2702 1.3987 1.4226	State- wide 1.3617 1.4347 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	1	h	i
CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limi		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.4226 \$109.56	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$2.93	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 12,007 41,659 \$ 0.29	\$19.72 \$19.72 \$19.72 (FRV Rale)	\$0.09
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts  BIMS Add-on Per Diem = 1.0% to Routinc Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$196,50 \$1,10 \$3,29	\$109.56 \$1.10 \$3.29		\$19,83	\$24.87		\$22.14	\$0.29	\$19.72	\$0.09
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$21.48	70,20		and the second			17.10	and the second s		
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								, , , , ,		1

Provi Prvdi	•	4/1/2020		owth Allowance: Qtrly BIMS score		Add-on <u>Percent</u> 13.37% 0.0% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4547 1.4237 1.4497	State- wide 1.3617 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
			а	b	С	d	е	f	g	g	h	i
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	ase Period Per Diem Allowed Amounts											
	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
	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$16,132)	(\$1,606)		(\$2,389)	\$0	\$0	(\$14,526)	***	(\$486)	\$2,875
8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 34,984	FY12 Audited C/R Days	\$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  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL Ins Rpt Days	34,984							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	\$174.47	1.4547	φυ.υυ	\$19.23	φ21.20	(WILLI LOLL)	φ10.01	φυ.30	φ13.03	φυ.υδ
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08								
	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
	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	ψ0.00
	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	\$0.08
	•		*******	<b>V</b>	45.55	<b>V</b> 10111	*=::==		*	75.55	(FRV)	40.00
	tuarterly Per Diem Rate Prior to Add-ons											
	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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$165.69	\$79.45	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20.47	\$0.08
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4497 \$115.18								
	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
19	Qualitary inedicale Civia Allowed Fer Dietri	10 - 21 10, 7410411 - 21 10	φ201.42	\$115.16	φυ.υυ	φ20.67	\$24.10	φυ.υυ	φ20.42	φυ.30	φ20.47	φυ.υσ
	tuarterly Per Diem Add-on Amounts											
	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	
	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
	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					0.7			
	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	#0.00	<b>#0.00</b>	<b>#0.00</b>	<b>C</b> C 44	<b>#0.00</b>	\$17.10 \$17.47	<b>#0.00</b>	<b>#</b> C 22	<b>#0.00</b>
	Total Quarterly Per Diem Add-on Amounts		\$20.71	\$2.83	\$0.00	\$0.00	\$0.41	\$0.00	·	\$0.00	\$0.00	\$0.00
25 <b>Q</b>	tuarterly 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

\$153.77

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

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		D 1 1				Facility	Add-on		Facility	State-
İ	Provider:		enter of South Georgia		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	wide
	Prvdr 1D:	00143283A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,1416	1.3699
			Case Mix Per Diem Rate Effective Date:	04/01/20	Qtrly BIMS score	39.3%	2.5%	Quarterly Medicaid CMI:	1.5896	1.4569
			MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.88	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1,6180	1,4820
į		· · · · · · · · · · · · · · · · · · ·								

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> </u>	VIEW AND A STATE OF THE STATE O	and the state of t		ьь	<u> </u>	<u>. d</u>	e	<u> </u>	<u> </u>	<u>g</u>	<u>h</u>	<u> </u>
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY13 C/R	\$4,670,969	\$2,545,880	so	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137.958	so.
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,287)	so	so	\$0	\$0	\$0	(\$66,287)	1 ' '	(\$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		į						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 Srycs)	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	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons				1						(FRV)	ļ
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	21/2	****	
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	N/A \$1.67	N/A \$8.70	N/A \$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	1.6180	Ç0.00	310.21	\$21.33	30.00	315.35	31.07	\$6,70	\$1.02
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 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	00.00	U.Z.	00.41	\$5.00	90,07		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-en	\$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		[	L	I.					
		,, <del>-</del>	\$1.75.07	1								

Provider:	Reliable Health and	d Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	321026473A	Case Mix Per Diem Rate Effective Date:	4/1/2020	Growth Allowance: Qtrly BIMS score	N/A 43.5%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.4077 1.5508	1,3617 1,4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.00	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5777	1.4569
				Routine	Special		Laundry & Plant Admin A&G-0	L-PL Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b.	С	d	е	(in f	g	g	h	2000 et <b>1</b> 00 et
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed EVAN CAR EVANAR CLOUD.	4	40 700 000								
6	As Filed Cost Center Costs (Routine & Special Srycs 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
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$59,101) \$4,902,887	(\$11,188) \$2,770,844	\$0 \$0	\$0 \$438,074	(\$4,484)	(\$11,377)	(\$40,459)	1	(\$52,872)	1
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132	\$2,110,044	\$0	\$430,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
•	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rot Days	33,132							30,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$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 gtrs of FY12	<b>\$140.20</b>	1,4077	90.00	\$10.22	QZZ,33	(with Long	922.00	φ3.13	ŞU.U4	31.00
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 Stress)	per Peer Group Limils		\$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	\$1.85
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	£n 14 + Ln 15	\$147.44	\$67.35	\$0.00	\$14.99	\$25.56	\$0.00	\$23,31	\$3.79	\$10.59	\$1.8
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5777</u>								
18	Ortrly 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, AllOlhr = Ln 16	\$186.35	\$106.26	\$0.00	\$14.99	\$25.56	\$0.00	\$23,31	\$3.79	\$10.59	\$1.8
	Quarterly 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)	En 19 Col b x Sting 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	\$0.0
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	\$1.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.01		•	*						

1	rovider: Renaissance Care and Rehab Center rvdr ID: 00141754A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: httly BIMS score	42.0%	Add-on Percent 13.37% 2,5% 3.0%		Quarterly f	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5068 1.5570 1.5859	State- wide 1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary d	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
c	ASE MIX BASED RATE CALCULATIONS		<b>a</b>	В	C	Leading of the of	<b>e</b>	585556 T-4655.63	g	9	h	lat Gran Investiga
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	<b>***</b> 000 011	42 400 000	•	********						
6	As Filed Cost Center Costs (Routine & Special Stress Combined)	FY12 C/R Audit Adjstmts	\$7,386,844	\$3,133,899	so so	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$704,220) \$6,682,624	(\$113,058) \$3,020,841	\$0 \$0	(\$8,120) \$625,704	(\$52,134) \$255,514	(\$92,943) \$290,890	(\$302,407)	6074 007	(\$189,527)	\$53,969
8	Total Nursing Facility Days As Filed Days = 51,721	FY12 Audiled C/R Days	51,744	\$5,020,041	ą.	3020,704	\$200,014	\$290,090	\$1,099,217	\$971,207	\$365,282	\$53,969
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days	31,144							44,450		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cof 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 gtrs of FY12	4102.22	1.5068	\$5,00	<b>U</b> 12.03	\$10.00	(Mail Laily	\$21.24	\$21.03	00,1چ	\$1.04
11	Rouline 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 Strycs)	per Peer Group Limits		\$71,51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	41.01
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	\$1.04
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.96	\$5.18	\$0.00	24.00		***				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$10.96	\$3.18 \$43.92	\$0.00	\$1.62 \$13.71	\$1.41 \$11,97	\$0.00 \$0.00	\$2,75 \$23,31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$122,50	1.5859	\$0.00	\$10.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£ภ 16 x Lπ 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									AAAAAAAAAA		
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	\$1.74	\$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									

	Provider: Roselane Health and Rehab Center Prvdr ID: 00831751A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: atrly BIMS score		Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5874 1.6853 1.7152	State- wide 1.3617 1.4820 1.4569
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
c	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	,	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	•	from 4 qtrs of FY12		<u>1.5874</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04								
12	,	RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	,	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	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		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	<u> </u>	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	, ,	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
	, ,											
200	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	P4 40	£0.50	<b>#0.00</b>	<b>#0.00</b>	<b>60.44</b>	<b>#0.00</b>	<b>#0.00</b>		<b>#</b> 0.00	
20	,	(see Policy Manual)  Ln 19 Col b x CPS Add-on	\$1.16	\$0.53 \$1.23	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 22		Ln 19 Col b x CPS Add-on	\$1.23 \$3.68	\$1.23 \$3.68								
23	,	(Fixed Amount)	\$3.68	φ3.08					\$17.10			
24	ů .	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

\$224.81

\$155.78

\$128.03

\$0.00

\$19.79

\$19.38

\$0.00

\$40.41

\$0.07

\$14.80

\$2.33

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-Resorts at Pooler Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00238741A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2677 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 33.3% 2.5% Quarterly Medicaid CMI: 1,4814 1.4820 Ortrly Moaid CMI w RUG Wght Options: MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 2.50 1.0% 1,5076 1,4569 Plant Admin Property Taxes Routine Special Laundry & A&G- GL-PL Sources / Dietary Operatns and and

#	Description	Calculations	Tutals	Services	Services	Dietaly	Houskpng	& Maint	and General	Insurance	ano Related	Insurance
10000			a	b	С	d	e	f	g	in ing indi	a de la companya de l	4894 n. i. geron
0	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1				
	Type of Facility within Peer Group	(coor only menally		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
"	Enviency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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		<u>1.2677</u>								
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	\$1.56
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	Lo 19 Col b x CPS Add-on	\$2.26	\$2.26		,	•	,	, , , , ,		73.33	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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

\$125.84

(Ln 25 - 1,n 23) \* 0,75

1	ovider: Ridgewood Manor Nursing Home		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pi	vdr ID: 00142744A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		owth Allowance; htrly BIMS score quality Incentive;		13.37% 2.5% 2.0%	Qrtrfy Mcaio		d Overall CMI: Medicaid CMI: Wght Options:		1.3042 1.2612 1.2794	1.3617 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	ili birring	c	d	Marine et al a successivation de la company de la company de la company de la company de la company de la comp	f	g	g	h	Programme.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts 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)	1	(\$487)	\$2,973
7 8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R FY12 Audited C/R Days	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
ľ	Total Nursing Facility Days As Filed Days = 34,794  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL ins Rpt Days	34,794							20.000		
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	36,238 \$0.28	\$9,83	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$110,00	1.3042	40.00	<b>\$15.00</b>	<b>\$25,25</b>	(811.7 20.7)	\$10.04	\$0.20	\$3,00	\$0.03
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 Stres)	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	<b>\$</b> 15.85	\$20.20		\$15.34	\$0.28	8.01 (FRV)	\$0,09
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwinc %	\$15.78	60.04	60.00	20.40	80.70	***	****			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$15.78	\$8,91 \$75,57	\$0.00 \$0.00	\$2.12 \$17.97	\$2.70 \$22.90	\$0.00 \$0.00	\$2.05 \$17.39	N/A \$0,28	N/A \$8.01	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	9142.21	1.2794	\$0.00	\$17,51	\$22.50	\$0.00	\$17.59	\$0,26	30.01	\$0.09
18	Ortrly 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)	En 19 Col b x Sting 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 Dlem 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									

1	rovider: River Towne Center rvdr ID: 00082684A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: triy BIMS score	Facility Score N/A 48.6% 3.08	Add-on Percent 13.37% 5.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4711 1.7497 1.7826	State- wide 1.3617 1.4820 1,4569
Line #	Description	Sources / Calculations	Tolals	Routine Services	Special Services	Dîetary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
9.000			a	b	jijiji cari	d	<b>e</b>	f	g	g	2,414,000 <b>h</b> 11,417,600,	angida[ettin]
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			4
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	67 570 475	<b>60 740 400</b>		2700 044						
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$7,579,475	\$3,742,499	\$0	\$789,011	\$419,448		\$1,724,757	\$75,197	\$311,153	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$767,781) \$6,811,694	(\$75,410) \$3,667,089	\$0 \$0	(\$1,345) \$787,666	\$2,452 \$421,900	(\$28,977) \$488,433		675 407	(\$44,706)	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753	\$5,007,1005	\$0	\$107,000	3421,900	\$400,433	\$1,053,947	\$75,197	\$266,447	\$51,015
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days	35,733							34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	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	\$0.00	0.00	7.0.20	i i i i i i i i i i i i i i i i i i i	<b>\$17.54</b>	<b>\$2.10</b>	<b>\$4.40</b>	20,03
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 Sives)	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 £n 13	\$98,26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46	\$0.85
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	\$1.70	\$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	75.00	Ţ <b></b>	¥.,,.2.	\$5.50	\$25,00		\$7,.40	40.00
18	Ortrly 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			23.,,	75.00	72.01		75.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.69	\$1.69							and appropriate the state of th	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10		all application of the state of	
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	Լո 19 + Լո 24	\$171.98	\$91.18	\$0.00	<b>\$1</b> 5.16	\$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									

Provider: Prvdr ID:	Riverdale Place Care and Rehab 00083289A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: http://discore	40.4%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5593 1.4117 1.4359	State- wide 1.3617 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
			а	b	С	d	8	(1997) <b>f</b> @este	g	g	magailthireach	
1 Cost C	IX BASED RATE CALCULATIONS enter Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facililies All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer 3 Peer	roup Standards & Efficiency Measure Limits Group Standards: Percentile Group Standards: Multiplier ency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
Base P	eriod Per Diem Allowed Amounts											
5 As Fil	ed 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)	\$43,81
E .	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
1	tal Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
Tol	tal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days							İ	50,021		
9 Net P	er 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

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$100.68

(Ln 25 - Ln 23) \* 0.75

İ	Provider: Riverside Health & Rheab of Thomaston		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID: 00140346A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,1990	1.3617
1	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	46.3%	5,5%	Quarterly Medicaid CMI:	1,4380	1.4820
-	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3,13	3.0%	Ortrly Meald CMI w RUG Wight 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
			8	b	С	ď	ее	anion for sec	g	g	<b>h</b> (1994)	ARREST TO STATE
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Stress 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 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$18,950) \$3,749,097	\$0 \$1,921,998	\$0 \$0	(\$1,632) \$432,182	\$0 \$281,964	\$0 \$209,067	(\$17,576) \$550,706	1 1	(\$20,760) \$262,367	\$21,018 \$21,018
9	Total Nursing Facility Days As Filed Days = 26,092  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,564	FY12 Audited C/R Days FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	26,092	<b>670</b> co	****					24,564		
10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9 / Ln 10	\$143.86	\$73.66 <u>1.1990</u> \$61.44	\$0.00	\$16.56	\$18,82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
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	\$0,84
13	,	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)	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons										(PRV)	
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 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 + Ln 15  per Current Qtr End  Ln 16 x Ln 17	\$146.21	\$69.65 <u>1.4623</u> \$101.85	\$0.00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.8
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	\$0.8
20	Quarterty Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Stnd - Alvd] x .75, up to max, or 0)	(see 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	\$4,00	70.22	<b>V</b> 0.41	\$0,00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting 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	\$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.17			·L		L	1	!I_		ł.

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 No	Add-on Data and Percentages Score Growth Allowance: NIA Qtriy BIMS score 41.0% Aurse Hours per On-Site Day/Quality Incentive: 3.41	re Percent 13.37% % 2.5%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.4742 1.2867 1.3064	State- wide 1.3699 1.4569 1.4820
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	b	C	d	e	<u> </u>	. 9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Parcentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & 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	so	\$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 Stycs)	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	\$1,30
	Quarterly Des Direct Date Date Add and										(FRV)	
15	Quarterty Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwinc %	\$13.27	\$6.26	60.00	64.04	***	***	****			
16	CMA Allowed Per Diem (After Growth Allowence Add-on)	Ln 14 + Ln 15	\$13.27	\$53.05	\$0.00	\$1.81	\$2.06	\$0.00	\$3.14	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$125,16		\$0.00	\$15.32	\$17,47	\$0.00	\$26,60	\$3.86	\$8,16	\$1.30
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		1.3064 \$69.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$142,01	\$69.30	60.00	C45.00	647.47	20.00	400.00			
13	Quarterly Medicald CINA Andwed Fer Diett	KS - DI 70, AIOM - LII IO	\$142,01	369.30	\$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							i	
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		T , and the second						
23	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		1	ł	<u> </u>	<u> </u>	1	4L		<u> </u>
L	I		•	1								

## 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: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 23.4% 3.89	Add-on Percent 13.37% 1.0% 2.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2970 1.3925 1.4141	State- wide 1.3617 1.4347 1.4593
ine Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		1 a ;	b	С	ď	<u>e</u>	<u>     f                               </u>	<u> </u>		h	<u> </u>
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.48 \$16.97 \$176.97	1 All Facilities All Bed Sizes  90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.4141 \$108.90	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 183,420 52,177 \$ 3.52	\$29.14 \$29.14 \$29.14 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$208.86	\$108,90		\$19.83	\$24.87		\$22.14	\$3.52	\$29.14	\$0.45
BIMS Add-on Per Diem = 1.0% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$1,09 \$2.18 \$17.10 \$20.37	\$1.09 \$2.18					17.10			
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									······································	+

	Provider: Roberta Health Care Prvdr ID: 00142777A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		wth Allowance: trly BIMS score	Facility Score N/A 46.9% 2.15	Add-on <u>Percent</u> 13.37% 5.5% 2.0%		Quarterly N	CMI) Data  I Overall CMI: Medicaid CMI: Vght Options:		Facility <u>Specific</u> 1.4576 1.6767 1.7075	State- wide 1.3617 1.4820 1.4569
Lii	Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	7 III Ded Gizes	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 32,286	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	\$3,863,402 (\$211,158) \$3,652,244 32,286	\$1,784,247 (\$177,791) \$1,606,456	\$0 \$0 \$0	\$358,580 (\$818) \$357,762	\$227,942 (\$6,713) \$221,229	\$234,248 \$9,266 \$243,514	\$553,791 (\$26,528) \$527,263	\$29,540 \$29,540	\$675,054 (\$37,442) \$637,612	\$0 \$28,868 \$28,868
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents  Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$113.18	\$49.76 <u>1.4576</u> \$34.14	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	29,995 \$0.98	\$19.75	\$0.89
1	12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$34.14 \$71.51	\$0.00 \$0.00	\$11.08 \$18.41	\$14.39 \$23.09		\$16.33 \$20.56	\$0.98 \$0.00	\$19.75 N/A	\$0.89
	14 Base Period Case Mix Adjusted Allowed Per Diem  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87 (FRV)	\$0.89
1	15 Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End	\$10.14 \$94.82	\$4.56 \$38.70 <u>1.7075</u>	\$0.00 \$0.00	\$1.48 \$12.56	\$1.92 \$16.31	\$0.00 \$0.00	\$2.18 \$18.51	N/A \$0.98	N/A \$6.87	N/A \$0.89

\$122.20

\$66.08

\$66.08

\$12.56

\$16.31

\$0.00

\$18.51

\$0.98

\$0.00

\$0.98

\$6.87

\$0.00

\$0.00

\$6.87

\$0.89

\$0.00

\$0.89

\$0.00

Ln 16 x Ln 17

RS = Ln 18, AllOthr = Ln 16

18

19

Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem

Quarterly Medicaid CMA Allowed Per Diem

Facility Add-on Facility State-Rockdale Healthcare Percent Add-on Data and Percentages Score Case Mix Index (CMI) Data Specific wide Prvdr ID: 00838252A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.6517 1.3617 Case Mix Per Diem Rate Effective Date; Qtrly BIMS score 4/1/2020 27.9% 1.0% Quarterly Medicaid CMI: 1,4277 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Qrirly Moaid CMI w RUG Wight Options: 3,89 1.4528 1.4569

Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
27.00			а	<b>b</b>	С	d	0		g	g	h	Bergan Tegagi
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$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		<u>1.6517</u>								
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, AllOlhr = 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	\$3.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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 Qir End	*	1.4528	• • • • • • • • • • • • • • • • • • • •	,,,,,,,	***	*****	<b>V_</b>	,,,,,,	¥1 1.00	*****
18	Ortrly 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 Hame 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
					L				L			

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$125.29

(Ln 25 - Ln 23) \* 0.75

## Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: Rockmart Health Prvdr ID: 003182988A H/B ?: No Case Mix Per Diem F MDS & Nurse Hrs Data p		<del> </del>	Oata and Percentages Growth Allowance: BIMS: ie Day/Quality Incentive:	Facility Score N/A 38.9% 3.55	Add-on Percent 13,37% 2,5% 3,0%		Quarter	: (CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1,7409 1,7742	State- wide 1.3617 1.4347 1.4593
Line Description	Sources a	- I Ottain	Routine Services	Special Services	: Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS			<u> </u>	<u> </u>		· e	1	<u> </u>	L	h	<u> </u>
Cost Center Peer Groups per Selected Opti Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measur Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine S Allowed @ 90% of Std	e <i>Limits</i> FY2018 GL-PL I FY2018 GL-PL I	ns. Rpt oup Limit \$156.56	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	90.0% 100.0% \$0.22 \$18.41 \$16.57	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50	\$23,590.00 14,490	\$36,35 \$36,35	
Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Allowater) Facility Case Mix Index for Medicai Qrtly Routine Srvcs Case Mix Adjatd (CMA) I	d Residents	\$16,07 \$146,46	\$8.60 \$72.96 <u>1.7742</u> \$129.45		\$2.22 \$18.79	\$2.78 \$23.56		\$2.47 \$20.97	\$ 1.63	8.55 (FRV Rate)	\$0.00
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts	** ***********************************	\$202.95	\$129.45		\$18.79	\$23,56		\$20.97	\$1.63	\$8,55	\$0.00
BIMS Add-on Per Diem = 2.  Nurse Staff Hrs / Quality Add-on Per Diem =  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts	5% to Routine Srvs) 3.0%	\$3.24 \$3.88 \$17.10 \$24.22	\$3.24 \$3.88					17,1			
Quarterly Case Mix Based Per Diem Rate		\$24.22	\$136.57		\$18.79	\$23.56	<u> </u>	\$38.07	\$1.63	É0 EE	50.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate -	Pvdr Fee) x 75% \$157.55	4551,11	9100.01		\$10.75	323.56		\$30.07	\$1.63	\$8,55	\$0.00

Provider:	Rome Health and Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	One Minterland (OMB Only	Facility	State-
FIGARGE.			Aug-on Data and Percentages	<u> acore</u>	_ reicent	Case Mix Index (CMI) Data	Specific	<u>wide</u>
Prvdr ID:	00140753A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1.6744	1.3617
İ	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	24.5%	1.0%	Quarterly Medicald CMI:	1.6050	1,4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3,69	2.0%	Qrtrly Meald 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
14.55			а	b	С	d	e	f	g	g	h	paggyar <b>i</b> Baggia.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	En 7 / En 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	£n 9 / £n 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 Stress)	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	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	<b>T.</b>	1.6332		*****	<b>V.2.2.</b>	<b>\$5.54</b>	720.07	70.00	<b>4.</b> 1.0 1	<b>4</b>
18	Ortriy 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) Ln 19 Col b x CPS Add-on	\$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)	En 19 Col b x CPS Abb-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Strcs)  Nursing Home Provider Fee	En 19 Cold x Sting Add-on (Fixed Amount)	\$1.82 \$17.10	\$1.82					647.40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$3,26	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	50.00	60.00
-									\$17.10		\$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									

	Provider: Rose City Health and Rehab Ctr Prvdr ID: 00083311A			owth Allowance;	Facility Score N/A	Add-on Percent 13.37%	Cas		d Overall CMI:		Facility Specific 1.5200	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours	Qtrly BIMS score s per On-Site Day/Quality Incentive;		32,1% 3,46	2.5% 2.0%	Qrtrly Meaid	Quarterly CMI w RUG		1.7480 1.7814	1.4820 1.4569	
Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	gyan <b>b</b> anga	C	d d		f	g	g		le di Indee
(	CASE MIX BASED RATE CALCULATIONS											
1		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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		FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,95
7	1	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,95
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		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		from 4 qtrs of FY12		<u>1.5200</u>								
11	' ' '	Ln 9 / Ln 10		\$45,72				į				
12	·	RS = Ln 11, AliOthr = Ln 9		\$45.72	\$0,00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13		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 £n 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	· — 1	Ln 14 x Grwth Aliwnc %	\$12.72	\$6.11	\$0.00	\$2.17	\$1,69	\$0.00	\$2.75	N/A	N/A	N/A
16		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		per Current Qtr End		<u>1.7814</u>								
18 19	1	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	\$159.78	\$92.33 \$92.33	\$0.00	\$18.38	\$14.32	\$0.00	\$23,31	\$0,11	\$10.14	\$1.19
,	,		\$100.70	\$02.00	\$5,00	\$10.50	<b>\$1-4.52</b>	\$0.00	\$25,51	\$0.11	\$10.14	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	<u> </u>	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22		Ln 19 Col ti x Sting Add-on (Fixed Amount)	\$1.85	\$1,85					647.40			
24	1 1	Sum of Lns 20 thru 23	\$17.10 \$22.42	\$4,69	\$0,00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	en 00
25		Ln 19 + Ln 24	\$182.20	\$97.02	\$0.00	\$18.60	\$14,73	\$0.00	\$40.41	\$0.00	\$10,14	\$0,00 \$1.19
			•	331.02	30.00	\$ 10.00	\$14./3	\$0.00	\$40.41	\$U.17	\$10.14	\$1.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) ~ 0.75	\$123.83									

	Provider: Roselane Health and Rehab Center  Overland ID: O8831751A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: atrly BIMS score		Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5874 1.6853 1.7152	State- wide 1.3617 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
			а	b	С	d	е	f	g	g	h	i
c	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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		from 4 qtrs of FY12		<u>1.5874</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04								
12	,	RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	· · · · · · · · · · · · · · · · · · ·	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	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		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	<u> </u>	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		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
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	¢1 16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
20		Ln 19 Col b x CPS Add-on	\$1.16 \$1.23	\$1.23	φυ.υυ	φυ.22	φ0.41	φυ.υυ	φυ.00		φυ.00	
22		Ln 19 Col b x Stfng Add-on	\$3.68	\$1.23								
23	· —	(Fixed Amount)	\$17.10	φυ.00					\$17.10			
24		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

\$224.81

\$155.78

\$128.03

\$0.00

\$19.79

\$19.38

\$0.00

\$40.41

\$0.07

\$14.80

\$2.33

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

				Facility	Add-on		Facility	State-
Provider,	Rosemont at Stone Mountain		Add-on Data and Percentages	Score	_Percent_	Case Mix Index (CMI) Data	Specific_	wide
Prvdr ID:	00587331A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,2404	1.3617
1	Case Mix Per Diem Rate Effective Date;	4/1/2020	Qtrly BIMS score	51.3%	5.5%	Quarterly Medicaid CMI:	1,6078	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.07	2.0%	Ortrly Moaid CMI w RUG Wight 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 a	b	C C	2000 <b>d</b> 2000	0	gagara <b>f</b> sagara	g	g	h	Telefa I
_ ⊆	ASE MIX BASED RATE CALCULATIONS			•								
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	4,		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$6,929,612	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	so.
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$231,415)	\$811	\$0	\$1,600	\$141,557	\$430,338	(\$239,816)	1 1	\$423,823 (\$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	£n 9 / £n 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	<b>3</b>	\$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	\$2,65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 <u>Case Mix Index</u> for Medicald Residents	per Current Qir End		<u>1.6378</u>								
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					and and and and and and and and and and			
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

\$142.79

(Ln 25 - Ln 23) \* 0.75

1	Provider: Ross Memorial Health Care Center Prydr ID: 00142942A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add-on Data and Percentages Growth Allowance; 4/1/2020 Qtrly BIMS score			Facility Score N/A 43.2% 3.70	Add-on Percent 13.37% 2.5% 3.0%	Cas Qrtrly Mcaid	Facility <u>Specific</u> 1.2961 1.2919 1.3079	State- wide 1,3617 1,4820 1,4569			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS		а	b	С	de de	e	f	g	g	h	40.00 Lead
-												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50,0% 105.0% \$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 Realiocations 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		<u>1,2961</u>								
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 Diern 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 Allwac %	\$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)	En 14 + En 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 Qlr End		1.3079								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	l,n 16 x l,n 17 RS = Ln 18, AllOthr = Ln 16	\$179.11	\$97.49 \$97.49	\$0,00	\$20.87	\$24.27	\$0.00	\$19.62	\$2.11	\$12.62	\$2.13
	Quadadu Par Piam Add an Amaunta											
20	Quarterly Per Diem Add-on Amounts  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	20,00	30.00	<b>40.41</b>	\$0.00	90.37		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stres)	Ln 19 Col b x Strng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	42.02					\$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			<u> </u>		l	·			<u> </u>

Provider: Roswell Nursing & Rehab Ctr		Add-on Data and Percentages Growth Allowance:	Facility Score N/A	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2020</b> 12/31/19	Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	44.1% 3.53	13,37% 2,5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options;	1.6341 1.6051 1.6339	1.4014 1.4569 1.4820

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint f	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS	THE OWNER OF THE PARTY OF THE P		, , ,		u	е		9		h	i :
-												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50,0% 105,0% \$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
5	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$211,557)	(\$39,976)	so.	\$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 Đays	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	\$2.13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	NUA	2164	
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	\$3.21	N/A \$0,31	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0101.02	1.6339	\$0.00	310.30	\$20,54	\$0.00	\$21.23	\$0.51	\$9,44	\$2.13
18	Ortrly 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, AilOthr = Ln 16	\$214.00	\$135,79	\$0,00	\$18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13
	•	·	50755	<b>\$</b> 100/10	40,00	010.00	025.54	\$0.00	\$27,20	40.51	33.44	92.13
	Quarterly Per Diem Add-on Amounts											ĺ
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 Cot 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

	rovider: Sadie G. Mays Health & Rehab Center rvdr ID: 00141842A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 52.2% 3.35	Add-on Percent 13.37% 5.5% 3.0%		Quarter	: (CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.3125 1.3662 1.3889	State- wide 1.3617 1.4347 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	С	d	е	ſ	9		h	; <u> </u>
<u>CA</u>	SE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons			1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37			
	GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diern (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diern (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$157.10 \$16.07 \$150.55	\$71.51 \$64.36 \$8.60 \$72.96 1.3889		\$18.41 \$16.57 \$2.22 \$18.79	\$23.09 \$20.78 \$2.78 \$23,56		\$20.56 \$18.50 \$2.47 \$20.97	\$188,573.00 65,261 \$ 2.89	\$36.35 \$36.35 10.84 (FRV Raje)	
	Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$178.93 \$5.57 \$3.04 \$0.00	\$101.34 \$101.34 \$5.57 \$3.04		\$18.79	\$23,56		\$20.97 0	\$2.89	\$10.84	\$0.54
	Quarterly Case Mix Based Per Diem Rate		\$8,61 \$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	0.01.07	4,00,00		310./3	\$23,30		\$20,97	\$2.89	\$10.84	\$0.54

1	rider: Savannah Beach Nursing & Rehab Center  10 00142876A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: Otrly BIMS score	Facility Score N/A 55.3% 3.27	Add-on Percent 13.37% 5.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1996 1.3822 1.4052	State- wide 1,3617 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
CAS	SE MIX BASED RATE CALCULATIONS		<b>a</b>	ij/fee er <b>b</b> alesterja	7. 48 C 1150	d		<u> </u>	g	g	<u> </u>	grant <b>t</b> ivers
ΙT	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	leer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	lase Period Per Diem Allowed Amounts 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 7 8	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 16,732	FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	\$234,732 \$2,390,107	\$112,227 \$1,208,984	\$0 \$0	\$129,959 \$248,032	(\$11,543) \$147,473	\$10,629 \$127,818	(\$36,575) \$292,346	\$35,457	\$17,932 \$317,894	\$12,103 \$12,103
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582  Net Per Diems prior to Case Mix Adistmt to Routine Srycs	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	16,427 \$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	15,582 \$2.28	\$19.35	\$0.74
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9/Ln 10	\$140.50	1.1996 \$61,35	\$0.55	<b>V</b> 10, 10	\$10.10	(Allor Larry	\$17.00	32.20	\$19.55	30.74
13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$61.35 \$71.51	\$0,00 \$0,00	\$15.10 \$18.41	\$16.76 \$23.09		\$17.80 \$20.56	\$2.28 \$0.00	\$19,35 N/A	\$0.74
	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or £n 13	\$123,52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49 (FRV)	\$0.74
15 16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$14.84 \$138,36	\$8.20 \$69.55	\$0.00 \$0.00	\$2.02 \$17.12	\$2.24 \$19.00	\$0.00 \$0.00	\$2.38 \$20.18	N/A \$2.28	N/A \$9,49	N/A \$0,74
17 18 19	Quarterly Facility <u>Case Mix Index</u> for Medicald Residents  Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicald CMA Allowed Per Diem	per Current Qtr End £n 16 x £n 17 RS ≈ Ln 18. AllOthr ≃ Ln 16	\$166,54	1,4052 \$97,73 \$97,73	\$0.00	047.40	640.00	20.00	200.40	<b>*</b> 0.55		
Q	uarterly Per Diem Add-on Amounts	N3 - El 16, AlOlli - El 10	\$100.54	\$97.73	\$0,00	\$17.12	\$19.00	\$0.00	\$20,18	\$2.28	\$9.49	\$0.74
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)  BfMS Add-on Per Diem = 5.5% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfng Add-on	\$1.53 \$5,38 \$1,95	\$0.53 \$5,38 \$1,95	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
23	Nursing Home Provider Fee  Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$25.96	\$7.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0.00	\$0.00
25 Q	uarterly 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 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.55								,	

Provider. Prvdr ID:		er Diem Rate Effective Date: Irs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data  Nurse Hours per On-Site Da	and Percentages Growth Allowance; Qtrly BIMS score ay/Quality Incentive;	Facility Score N/A 37.4% 3.46	Add-on Percent 13.37% 2.5% 2.0%	Case Mix Index (CMI) Data  Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options:	1,5061	State- wide 1,3617 1,4820 1,4569
Line #	Description		and beginning the second of the con-	rces / Totals	Routine Services	Special Services	Dietary	Laundry & Plant Admin Operatns and Houskprig & Maint General	A&G- GL-PL Property and Insurance Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
677			a	b	C .	:::::d::::::::::::	е	f.	g	g	griffik (ga <b>h</b> alifik aji).	g 1858 <b>T</b> 1965
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs 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									
1	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 qlrs of FY12		<u>1.3690</u>								
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 = £n 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 Strycs)	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	\$1.95
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwac %	\$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	Ortrly 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
				•		·			4			l

\$139.07

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	Provider: Scott Health & Rehabilitation  Prvdr ID: 00141644A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: etrly BIMS score	34.6%	Add-on <u>Percent</u> 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3422 1.6092 1.6378	State- wide 1.3617 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
			а	b	С	d	е	f	g	g	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	·	from 4 qtrs of FY12		<u>1.3422</u>							1	
11	, , ,	Ln 9 / Ln 10		\$55.33							1	
12	•	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	,	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	\$0.68
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$2.57	\$2.57	\$5.00	45.22	\$3.41	\$5.00	ψ5.07		\$3.00	
22		Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23		(Fixed Amount)	\$17.10						\$17.10			
24		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

\$199.15

\$136.54

\$107.89

\$17.60

\$0.00

\$20.71

\$0.00

\$39.40

\$3.44

\$9.43

\$0.68

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	Provider: Sears Manor Prodr ID: 00142898A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00142898A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:		_	owth Allowance: htry BIMS score huality Incentive:	40.3%	13.37% 2.5% 2.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options;		1.2990 1.5890 1.6168	1.3617 1.4820 1.4569
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	d	e	f	g	g	h	deligations e
C	ASE MIX BASED RATE CALCULATIONS						4					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	An seo dizes	50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs 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	so	(\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,219	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	\$141,23	\$75.43	\$0.00	\$15.99	240.00		247.00	27,219		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$141.23	1.2990	\$0.00	\$10.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0,88
11	Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$3,55
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	\$0.88
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (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 Sives)	Ln 19 Col b x Sting 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 Las 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	£n 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				1			1		1

Provider: Seminole Prvdr ID: 00142909A	Manor Nursing Home  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: http://discore	27.5%	Add-on Percent 13,37% 1,0% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2760 1.1961 1.2126	State- wide 1.3617 1.4820 1.4569
Line Descrip	otion	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RA	ATE CALCIII ATIONS		a	ь	C	d	е	<b>1</b> 1000 <b>1</b> 1000 1	g	g	h	(5.000) <b>1</b> 9.000
1 Cost Center Peer Group Type of Facility with Bed Size Range will	in Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer Group Standards: 3 Peer Group Standards:		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
Base Period Per Diem A	Allowed Amounts											
5 As Filed Cost Center C	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
1 1 -	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 Afte	er 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		FY12 Audited C/R Days	21,926									
	y Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
1 1	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
- I	Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760								
1 1	Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
	se 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
1 1	fter 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 En 12 or En 13	\$149.26	\$66,60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9,04 (FRV)	\$0.55
Quarterly Per Diem Rate											(17.0)	
15 Growth Allowance Perc	-	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
1 1	1 (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
	se Mix Index for Medicaid Residents	per Current Qir End		<u>1.2126</u>								
-	Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.55								
19 Quarterly Medicaid CM	A Allowed Per Diem	RS = Ln 18, AliOthr = £n 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	i-on Amounts											
20 Efficiency Add-on Per 0	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 = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.92	\$0,92								
i i	ty Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.75	\$2.75								
23   Nursing Home Provider		(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Die	m 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 Bas	ed 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	e for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$141.11									

	Provider;	Senior Care CtrBrunswick		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID;	000830827B		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2904	1,3617
-		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	21.2%	1.0%	Quarterly Medicaid CMI:	1.4971	1,4820
-		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.43	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.5234	1.4569
ŀ									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	<b>b</b>	С	<b>d</b>	е	2000 <b>f</b> 2000	g	g	h	· i . · ·
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	**************************************		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts 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	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294		1 ' '	'	\$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	, ,	\$229,360	\$741,564	\$137,02
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342	, ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• <b>-</b>		1-1-1-1	1	4, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V101,02
	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	\$2.3
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	\$2.3
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	\$2.3
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	\$2.3
17	Quartedy Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.5234								
18	Ortrly 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	\$2.3
	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 Quartedy 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	\$0.0
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	\$2.3
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165,72									

State-

Facility

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

Facility

Add-on

1	Provider. Senior Care Ctr St. Marys Prvdr ID: 00143129A  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: Qtrly BIMS score	31.8%	Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	Specific 1,2093 1,3180 1,3381	1.3617 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
i yv.			а	b	c	d	е		g	g	h	1000 Total
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											İ
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,098,594	\$2,116,099	\$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)			1	(\$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 GtPt. 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	Լո 9 / Լո 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	ļ	\$82.41	\$0.60	\$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 %	<b>\$</b> 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 Qlr End		<u>1.3381</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.48								, 1
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											.
	I am a	1	1		•	1 1		1	T			. 1

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

20

21

22

23

24

\$0.22

\$2.71

\$2.17

\$17.10

\$22.20

\$217.16

\$150.05

\$0.00

\$2.71

\$2.17

\$4.88

\$113.36

\$0.00

\$0,00

\$0.00

\$0.22

\$0.22

\$20.52

\$0,00

\$0.00

\$0.00

\$0.00

\$17.10

\$17,10

\$40.41

\$0.00

\$5.11

\$0.00

\$0.00

\$26.18

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

2.5% (to Routine Srvs)

\$0,00

\$0.00

\$10.41

\$0.00

\$1.17

1	Provider: Signature HC of Buckhead Prvdr ID: 00040763A		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date	: 4/1/2020		owth Allowance: httly BIMS score		13.37% 2.5%			d Overall CMI: Medicaid CMI:		1,5246 1,5221	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending	: 12/31/19 Nurse Hours	per On-Site Day/C	uality Incentive:	3.62	2.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.5496	1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
34.52			а	b	C	d	е	in the same	g	g	h	98984 <b>1</b> 2690
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts 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  Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 48,002	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	54,878									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$204.17	\$96.12	\$0.00	\$16,68	\$19.57	(with L&H)	\$37.39	48,002 \$9.07	\$20.98	\$4.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$204.17	1.5246	\$0,00	\$10.00	\$19.57	(with Early	\$31.39	\$9.01	\$20.90	<b>\$4,30</b>
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	Ų-1,03
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	\$4.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (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	73.30		<b>4</b>		1 320.01		4.5.76	Ų.,,OO
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.77					ĺ			
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 - 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	\$2.77	\$2.77	40,00		40.41	\$0.00	\$5,55		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	£n 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			I			I	I		

***************************************	Provider: Prvdr ID:		4/1/2020 12/31/19 Nurse F		owth Allowance: htrly BIMS score	Facility Score N/A 30.2% 3.52	Add-on Percent 13,37% 2,5% 3,0%	Case Mix Index (C Base Period Quarterly M Qrtrly Mcaid CMI w RUG V	Overall CMI; ledicaid CMI;	Facility <u>Specific</u> 1.4557 1.7120 1.7432	State- wide 1,3617 1,4820 1,4569
Li	ne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Plant Houskpng & Maint	Admin A&G-GL- and Insuranc	l and	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	entra (baranga)	С	:::::d:::::::::	() () <b>e</b> () () ()	Metal forgati	g	g		destributes
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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		<u>1.4557</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lπ 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 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 Stres)	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	\$2.05
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	Ortrly 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, AilOthr = 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 - Atwd] 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			*				<b>V3.00</b>	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	<b>L</b> ռ 19 + Lռ 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		L	11				<u> </u>		<u> </u>

				Facility	Add-on		Facility	State-
Provider:	Signature Healthcare of Savannah		Add-on Data and Percentages	Score	<u>Percent</u>	Case Mix Index (CMI) Data	Specific	wide
Prvdr ID:	00083157A		Growth Allowance:	N/A	13.37%	Base Period Overali CMI:	1,6565	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	17.2%	0.0%	Quarterly Medicaid CMI:	1.4792	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.48	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5042	1.4569
1								

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	· · · · · · · · · · · · · · · · · · ·	d	е	1	g	g	h	0.000 <b>1</b> 888
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	ee 4e2 40e	\$3,322,791	so	ee75 200	6007 050	\$247 0C2	#4 F20 D44	205 400	6440.000	•
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$6,163,426 (\$481,576)	(\$6,386)	\$0	\$575,380 \$1,029	\$227,959 \$851	\$317,863 \$2,096	\$1,538,244 (\$481,229)	\$35,183	\$146,006 (\$47,579)	\$0 \$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 \$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800	** ***			V,.,.	40.10,000	* .,	400,100	400,121	<b>\$15,51</b>
	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	\$1,29
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	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		<u>1.5042</u>								
18	Ortrly 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	\$1.2
	Quarterly 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 Sting 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	\$0.0
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									

	ovider: Smith Medical Nursing Care Center vdr ID: 00143008A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours pe	C	owth Allowance: atrly BIMS score	Facility Score N/A 37.2% 2.06	Add-on <u>Percent</u> 13.37% 2.5% 0.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 0.9535 0.9676 0.9771	State- wide 1.3617 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
			а	b	С	d	е	f	g	g	h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	<b>2</b> Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts 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)	\$042,300	\$0	\$107,509	\$80,015	(\$235)	(\$24,756)	\$50,009	(\$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	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 = $\frac{2.5\%}{}$ (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

\$76.08

\$147.00

\$97.43

(Ln 25 - Ln 23) \* 0.75

(Ln 27 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

27 Minimum Quarterly Case Mix Based Per Diem Rate

1	rovider: Social Circle Nursing and Rehab Center rvdr ID: 00143041A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020			31.8%	Add-on Percent 13.37% 2.5% 2.0%			d Overall CMI Medicaid CMI	•	Facility <u>Specific</u> 1.5267 1.6012 1.6304	State- wide 1.4014 1.4569 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
		APPENDANCE COMMANDA CONTROL COMMANDA CONTROL C	<u>a</u>	b	( <u>C</u>	d l	е	f	g		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	AN MAR AND AND AND AND AND AND AND AND AND AND	50.0% 105.0% \$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	SO.	\$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	50	\$0	\$1,205	\$1,454	(\$25,247)	1 1	(\$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	1 1	\$183,972	\$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450					, , , , , , , , , , , , , , , , , , , ,		1	4,00,072	0.,.01
	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	1 1	\$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 = £n 9		\$71.60	\$0.00	\$18.51	\$16.53	57	\$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						İ				(rkv)	
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 <u>Case Mix Index</u> for Medicald Residents	per Current Qlr End		1.6304							99,000	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.34							and the same of th	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 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										244	
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see 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			,,		1=.50		33.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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			70,700,710,000			**************************************	<u></u>		

Provider: Prvdr ID:	Southland Nursing 00409054A	Home  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 36.8% 3.15	Add-on Percent 13.37% 2.5% 3,0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1,4974 1,5847 1,6112	State- wide 1.3617 1.4820 1.4569
Line #	Description		the first of the same of the first of the fi	ources / Totals Routine Services	Special Services	Dietary	I Operains and	&G-GL-PL Property insurance Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
334			a	Ь	C	and d	е	T.	g	g	::::::::::::::::::::::::::::::::::::::	.giann <b>.l</b> .gaya
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards; Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90,0% 100,0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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		<u>1.4974</u>								
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 Stros)	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	\$1.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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		<u>1.6112</u>								
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 = £n 18, AliOthr = £n 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 Cot 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
					·	4I			1			·

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.66

(Ln 25 - Ln 23) \* 0.75

Facility Add-on State-Facility Southland Healthcare & Rehab Ctr. Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143558A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.5242 1,3617 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 4/1/2020 32.0% 2.5% Quarterly Medicaid CMI: 1.4157 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: Ortrly Moaid CMI w RUG Wight Options: 2,79 2.0% 1,4383 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u> 179</u>			а	b	С	d	0	100000 <b>f</b> 25000	g	g	Stational Committee	especial despe
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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 / En 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		<b>\$1</b> 5.60	\$1.47	7,96	\$0,91
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	Ortrly 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		L	ı	1		L	I		I

Facility Add-on Facility State-Sparta Health & Rehab Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID; 00143063A Growth Allowance; N/A 13.37% Base Period Overall CMI: 1.0832 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 25.0% 1.0% Quarterly Medicald CMI: 1.1781 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.15 3.0% Ortrly Meaid CMI w RUG Wight 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
71.			a i	<b>b</b>	100 C 100 N	đ			g	g	atrovinsije <b>b</b> g. navjad	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS								į			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts  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	so	\$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 Adistmts	(\$39,489)	(\$22,810)	\$0	\$301,000	\$192,100	\$210,047	(\$16,679)	\$11,032	(\$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				¥,		100,,200	411,552	V	\$10,000
	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 Cot 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	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1951</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$79,68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = 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)	En 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 Ens 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
						·			1	L 1		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$110.78

(Ln 25 - Ln 23) \* 0.75

Facility Add-on Facility State-St. Joseph's Transitional Care Unit Percent Add-on Data and Percentages Score Case Mix Index (CMI) Data Specific wide Prvdr ID; 00851243A Growth Allowance: N/A 13,37% Base Period Overall CMI: 2.4830 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 0.0% 0.0% Quarterly Medicaid CMI; 1.4569 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 7.77 0.0% Ortrly Moaid CMI w RUG Wight 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
2,340			а	b	С	d	0	\$55 <b>7</b>	g	g	h	engiV Legi.
2	ASE MIX BASED RATE CALCULATIONS											
1	Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	so	\$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 qirs of FY12		2,4830								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	៤១ 9 / ៤០ 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	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	Ortrly 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, AilOlhr = 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	\$0.60		, , , , ,		*	*****		<b>4</b>	
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				ł	L				

1	rovider: Stevens Park  rydr ID: 03143404A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance: Otrly BIMS score	36.0%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,6519 1,6175 1,6493	State- wide 1.3617 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
			а	b	С	d .	В	201400 <b>f</b> eeges:	g	g	h	in mediale
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$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 Fited 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 Cot 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		<u>1.6519</u>								
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, AilOthr = 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 Stross)	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 En 12 or Ln 13	\$169,23	\$70,91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	34.43 (FRV)	\$1.06
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	047.40	20.40	****	20.40	** **	***	***			
16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$17,48 \$186,71	\$9,48 \$80.39	\$0.00 \$0.00	\$2.46 \$20.87	\$2.79 \$23.63	\$0.00 \$0.00	\$2,75 \$23,31	N/A \$3.02	N/A \$34.43	N/A \$1,06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$100.71	1.6493	\$0,00	\$20,01	\$23.03	\$0.00	\$23.31	\$3.02	\$34,43	\$1.00
18	Ortriy Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132,59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 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								No. of the last of			
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 Sting 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									

1	Provider: Summerhill Elderliving Home		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
	Prodr ID: 00142139A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance; Qirly BIMS score Quality Incentive;	45.7%	13.37% 5.5% 3.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1.3692 1.5133 1.5395	1.3617 1.4820 1.4569
Line	Description	Sources / Calcutations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	0 b	С	d	•	of the second	g	g	h	2000-10-1
0	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives 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 Rot 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	1	from 4 qtrs of FY12		<u>1.3692</u>	•							
11 12	' ' '	Ln 9/Ln 10		\$58,34								
13	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
14	, , , , , , , , , , , , , , , , , , , ,	per Peer Group Limits Lesser of Ln 12 or Ln 13	A.40 50	\$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 LR 12 of 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										(1 1/4)	
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		<u>1.5395</u>								
18	Ortrly 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 = 1,n 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 Sting 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 - Łn 23) * 0.75	\$145.20			<u> </u>						

Provider: Syl-View Health Care Center, Inc.		A #4 D-4 4 D 4	Facility Score	Add-on	0 10 1 1000 0 1	Facility	State-
		Add-on Data and Percentages	_acore_	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
Prvdr ID: 00040796A		Growth Allowance:	N/A	13.37%	Base Period Overall CMt:	1,1798	1.3617
Case Mix Per Diem Rate Effective Di	te: 4/1/2020	Qtrly BIMS score	30.4%	2.5%	Quarterly Medicaid CMI:	1,4747	1,4820
MDS & Nurse Hrs Data per Quarter End	ng: 12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.02	3.0%	Ortrly Moaid CMI w RUG Wight 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	Ь	( ) C	d :	1911	f f	g	g	plantely houseless	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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		<u>1.1798</u>								
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	į	\$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	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (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		<u>1.5031</u>								
18	Ortrfy 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 Srys)	Ln 19 Coî b x CPS Add-on	\$2,13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 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		1	ıl			1			L

1	Provider: Tara at Thunderbolt Nursing & Rehab Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (0	CMI) Data d Overall CMI:		Facility Specific	State- wide
'	Case Mix Per Diem Rate Effective Date:	4/1/2020	C	liny BIMS score	28.6%	1.0%		Quarterly	Medicaid CMI:		1.5802 1.4256	1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours p	er On-Site Day/C	tuality Incentive:	3.20	3.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.4474	1.4569
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
(7.5)				was begins	C.	d	е	f	g	g	h	gaga <b>l</b> ása,
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
İ	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
ĺ	Peer Group Standards & Efficiency Measure Limits											
2 3		(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$7,904,994	\$3,457,694	\$0	\$636,771	\$357,288	\$370,163	\$1,576,669	\$172,244	\$1,334,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit AdisImts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)	\$112,244	(\$14,266)	\$101,834
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,101,794	\$3,205,699	\$0	\$631,286	\$354,708	\$370,887	\$945,237	\$172,244	\$1,319,899	\$101,834
8	Total Nursing Facility Days As Filed Days = 44,915	FY12 Audited C/R Days	44,895	,,		7777,277	,,,,,,,		1		0,,010,000	<b>*</b> ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494	FY 18 GL-PL Ins Rpt Days	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							45,494		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.13	\$71.40	\$0,00	\$14.06	\$16.16	(with L&H)	\$21.05	\$3.79	\$29,40	\$2,27
10	1	from 4 qtrs of FY12		1.5802								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$45.18	\$0.00	\$14.06	\$16.16		\$21.05	\$3,79	\$29,40	\$2,27
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	\$120.01	\$45,18	\$0.00	\$14,06	\$16,16		\$20.56	\$3.79	17.99	\$2.27
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwih Allwinc %	\$12.83	\$6.04	\$0.00	\$1,88	\$2,16	\$0.00	\$2.75	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$132.84	\$5,04 \$51.22	\$0.00	\$1.00	\$18.32	\$0.00	\$23.31	\$3,79	\$17.99	\$2.27
17	1	per Current Oir End	\$102.04	1,4474	\$0.00	\$10.54	\$10.32	\$0,00	\$20.01	33,19	\$11.89	₹2.21
18		Ln 16 x Ln 17		\$74,14								
19		RS = Ln 18, AllOthr = Ln 16	\$155.76	\$74,14	\$0.00	\$15.94	\$18,32	\$0.00	\$23.31	\$3.79	\$17,99	\$2,27
20	Quarterly Per Diem Add-on Amounts	free British Manuals	54.45	*0.50	60.00	\$0.22	60.44	60.00	60.00		60.00	
20 21		(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$0.74	\$0.53 \$0.74	\$0.00	\$0.22	\$0,41	\$0,00	\$0.00		\$0,00	
22		Ln 19 Col b x Sting Add-on	\$0.74	\$0.74								
23		(Fixed Amount)	\$17.10	\$2,22					\$17.10			
24		Sum of Lns 20 thru 23	\$21,22	\$3,49	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$176.98	\$77,63	\$0.00	\$16.16	\$18.73	\$0.00	\$40.41	\$3.79	\$17.99	\$2.27
23	Quarterly Case mix Daseu Fel Dieill Rate	GI 13 T GI 24	\$110.38	\$11.63	\$0.00	<b>⇒10.76</b>	\$18,/3	\$0,00	\$40,41	\$3.19	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.91									

Facility Add-on Facility State-Provider: Tattnall Nursing, LLC Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide 00143228A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.1942 1.3617 4/1/2020 Qtrly BIMS score 31.5% Quarterly Medicaid CMI: 1.2981 1.4820 Case Mix Per Diem Rate Effective Date: 2.5% MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.58 2.0% Ortrly Mcaid CMI w RUG Wght Options: 1.3190 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
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
-		(and DelinoManual)		1	1	2	1	1	1			
'	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$3,042,069	\$1,467,317	\$0	\$342,930	\$203,077	\$203,189	\$535,778	\$19,237	\$270,541	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$46,074	(\$1,163)	\$0	(\$54)	(\$425)	\$0	\$1,957		\$25,877	\$19,882
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8	Total Nursing Facility Days As Filed Days = 30,506	FY12 Audited C/R Days	30,506									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,626	FY 18 GL-PL Ins Rpt Days								27,626		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17.63	\$0.70	\$9.72	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1942								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	\$9.72	\$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	\$90.41	\$40.24	\$0.00	\$11.24	\$13.30		\$17.63	\$0.70	6.65	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.02	\$5.38	\$0.00	\$1.50	\$1.78	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$101.43	\$45.62	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6.65	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ.σσ	1.3190	ψ0.00	Ų. <u>2</u>	ψ.σ.σσ	ψ0.00	ψ.σ.σσ		ψ0.00	ψ0.00
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.98	\$60.17	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6.65	\$0.65
00	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	<b>#4 =</b> 0	<b>#0.50</b>	<b>#0.00</b>	<b>#0.00</b>	<b>#0.44</b>	<b>#0.00</b>	<b>⊕</b> 0.0 <del>-</del> 7		<b>#0.00</b>	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)  Ln 19 Col b x CPS Add-on	\$1.53 \$1.50	\$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)		\$1.50	\$1.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$1.20	\$1.20					£47.40			
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	<b>#2.00</b>	<b>#0.00</b>	<b>#0.00</b>	<b>CO. 44</b>	<b>#0.00</b>	\$17.10	fo.00	<b>#0.00</b>	<b>#0.00</b>
24	Total Quarterly Per Diem Add-on Amounts		\$21.33	\$3.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$137.31	\$63.40	\$0.00	\$12.96	\$15.49	\$0.00	\$37.46	\$0.70	\$6.65	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$90.16									

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

1					Facility	Add-on		Facility	State-
1	Provider,	Taylor County Health Care		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	<u>wide</u>
1	Prvdr ID:	00432924A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,2388	1.3617
1		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	33,9%	2.5%	Quarterly Medicaid CMI;	1.4547	1.4820
1		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.68	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.4793	1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
glasa,			a	446 ( <b>b</b> 466)	: : : <b>c</b>	9800 <b>d</b> 9000	е	f	g	g	h	Apple to co
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts	. FI IS4005 S4004004 010 .										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,924	\$1,656,948	\$0	\$352,825	\$156,924	\$213,788	\$446,580	\$74,726	\$331,133	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts  FY12 Audited C/R	(\$15,368)	\$0 \$1,656,948	\$0 \$0	(\$1,391)	\$0	(\$221)	(\$14,826)	674.700	(\$35,439)	\$36,509
8	Total Nursing Facility Days As Filed Days = 23,918	FY12 Audited C/R Days	\$3,217,556 23,918	\$1,000,840	Şu	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
٠	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days	23,916							26,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$134,27	\$69,28	\$0.00	\$14,69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1,53
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	\$104.27	1.2388	\$5.55	<b>01</b> 7.03	010.43	(11/11/2019	\$10.00	Ψ2.07	\$12.00	\$1,50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,92	\$0.00	\$14,69	\$15.49		\$18.05	\$2.87	\$12.36	\$1,53
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	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	\$119.51	\$55.92	\$0.00	\$14.69	\$15.49		\$18.05	\$2.87	10,96	\$1,53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.92	\$7.48	\$0,00	\$1.96	\$2.07	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.43	\$63,40	\$0.00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$10.96	\$1.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	7	1.4793			******		723.13		770.00	1
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$163.82	\$93,79	\$0,00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$10.96	\$1.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coî b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$5.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.60	\$99.47	\$0.00	\$16.87	\$17.97	\$0.00	\$37.93	\$2.87	\$10.96	\$1.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Lп 25 - Ln 23) * 0.75	\$127.88			<u> </u>						1

				Facility	Add-on		Facility	State-
Provide	The Center for Advanced Rehab @ Parkside		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID	: 00083102A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,2877	1.3617
	Case Mix Per Diem Rate Effective Date;	4/1/2020	Qtrly BIMS score	30.1%	2.5%	Quarterly Medicaid CMI:	1.8795	1.4820
1	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.83	3.0%	Ortrly Mozid CMI w RUG Wight Options:	1,9155	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
5000			a	b	c	d	е	f	g	g	h	(99,030, <b>1</b> 9,000)
_ ⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$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	\$7,400,148	\$3,792,296	\$0	\$907,033	\$201,398	\$519,375	\$774,710	\$148,372	\$1,056,964	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$746,168)	(\$451,129)	\$0	(\$511,366)	\$42,623	(\$25,223)	\$276,239		(\$79,976)	\$2,664
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,653,980	\$3,341,167	\$0	\$395,667	\$244,021	\$494,152	\$1,050,949	\$148,372	\$976,988	\$2,664
8	Total Nursing Facility Days As Filed Days = 34,873	FY12 Audited C/R Days	35,236									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354	FY 18 GL-PL Ins Rpt Days								43,354		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.06	\$94,82	\$0.00	\$11.23	\$20,95	(with L&H)	\$29.83	\$3.42	\$27.73	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2877</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$73,64	\$0,00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
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	\$141.99	\$71.51	\$0.00	\$11.23	\$20.95		\$20,56	\$3.42	14,24	\$0.08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$16.61	\$9,56	\$0.00	\$1.50	\$2.80	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158,60	\$81,07	\$0,00	\$12.73	\$23.75	\$0.00	\$23.31	\$3,42	\$14.24	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	•	1.9155						1	<b>V</b>	1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$155,29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$232.82	\$155.29	\$0.00	\$12.73	\$23.75	\$0.00	\$23,31	\$3.42	\$14.24	\$0.08
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	en en	eo 00	50.00	60.00	50.44	20.00	60.00		80.00	
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.63 \$3.88	\$0.00 \$3.88	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Sifng Add-on	\$3.66 \$4.66	\$3.66 \$4.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<i>\$</i> 4,00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.27	\$8.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$259.09	\$163,83	\$0.00	\$12.95	\$24.16	\$0.00	\$40.41	\$3.42	\$14.24	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$181.49		L		I	<u> </u>		!		

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

	ovider. The Fountainview Ctr for Alzheimer's Disease		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index (I			Facility Specific	State- wide
Prv	rdr ID: 00421429A  Case Mix Per Diem Rate Effective Date:	4/1/2020	_	owth Allowance: Otdy BIMS score		13.37% 5.5%			d Overall CMI:		1.2118	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/C			3.0%	Ortrly Meale		Medicaid CMI: Wght Options:		1,3513 1,3730	1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	iling ga <b>b</b> jerany	С	d	8	f	g	g	h	\$3560 <b>1</b> 000
<u>C</u> A	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	11.0mm 11.11.11.11.11.11.11.11.11.11.11.11.11.	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts								7			
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,419,180	\$3,429,531	\$0	\$928,329	\$463,144	\$428,868	\$1,331,578	\$140,055	\$697,675	\$1
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,106)	(\$27,150)	\$0	\$13,302	so	50	(\$101,258)		(\$167,822)	\$167,82
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,304,074	\$3,402,381	\$0	\$941,631	\$463,144	\$428,868	\$1,230,320	\$140,055	\$529,853	\$167,82
8	Total Nursing Facility Days As Filed Days = 40,759	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days	-							42,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.08	\$83,48	\$0.00	\$23,10	\$21.89	(with L&H)	\$30.19	\$3.30	\$13.00	\$4.1
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12		1.2118								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68,89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0,00	\$23,10	\$21.89	ĺ	\$30.19	\$3.30	\$13,00	\$4.1
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	\$151.20	\$68,89	\$0,00	\$18.41	\$21.89		\$20.56	\$3,30	14.03	\$4.1
	Overdady Day Dian Data Delayta Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons  Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.35	\$9.21	\$0.00	\$2,46	\$2.93	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168,55	\$78,10	\$0.00	\$20.87	\$24.82	\$0.00	\$23.31	\$3.30	\$14.03	\$4.1
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	0100.00	1.3730	\$0.00	<b>Q20.01</b>	\$24.02	\$0.00	\$2,0,01	\$0.00	\$14.00	₽7.14
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$107.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.68	\$107.23	\$0.00	\$20.87	\$24,82	\$0,00	\$23.31	\$3.30	\$14.03	\$4.1
	Quarterly Per Diem Add-on Amounts									A STATE OF THE STA		
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0,00	\$0.41	\$0.00	\$0.00	- Control of the Cont	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.90	\$5.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add∙on	\$3.22	\$3.22								
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	\$27.16	\$9.65	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.84	\$116.88	\$0.00	\$20,87	\$25,23	\$0,00	\$40,41	\$3,30	\$14.03	\$4.1

\$155.81

(Ln 25 - Ln 23) \* 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

# Quarterly Case Mix Per Diem Calculation

#### FINAL

Provider: The Lodge Prvdr ID: 00142381A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance; BIMS; Day/Quality Incentive;	Facility Score N/A 44.7% 3.70	Add-on Percent 13.37% 2.5% 3.0%		Quarter	(CMI) Data iod Overall CMI; y Medicald CMI; 3 Wght Options;		Facility Specific 1,4841 1,5577 1,5889	State- wide 1.3617 1.4347 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
CASE MIX BASED RATE CALCULATIONS		l a i	<u>b</u>	C	d	e	<u>: f</u>	g	[	h	i i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$160.54 \$16.97 \$179.58	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1,5889 \$122.36	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37  \$20.56 \$19.53 \$2.61 \$22.14	\$ 87,427 42,182 \$ 2.07	\$33.65 \$33.65 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$224.93	\$122.36		\$19.83	\$24.87		\$22.14	\$2.07	\$33.65	\$0.00
BIMS Add-on Per Diem = 2.5% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$3.06 \$3.67 \$17.10 \$23.83	\$3.06 \$3.67					17.10		:	
Quarterly Case Mix Based Per Diem Rate		\$248.76	\$129.09		\$19.83	\$24.87		\$39.24	\$2.07	\$33.65	\$0.00
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.74								<b>1</b>	400.00	

1	rovider: The Oaks - Bethany (Vidalia) rvdr ID: 00140258A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020	-	owth Allowance: htdy BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicald CMI: Wght Options:		Facility <u>Specific</u> 1.4603 1.4945 1.5213	State- wide 1.3617 1.4820 1.4569
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1.2, 4			а	b de la composition della composition della comp	C	d	e	:28970 <b>f</b> :2598	g	g	(Million has a second	cardiglester.
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$8,564,531	\$4,722,890	\$0	\$870,206	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$216,528)	(\$4,858)	\$0	\$0	\$0	(\$2,166)	(\$207,967)		(\$32,151)	\$30,614
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$640,113	\$552,132	\$954,176	\$404,204	\$178,526	\$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0,00	\$14.72	\$20.16	(with L&H)	\$16.14	\$7.14	\$3.02	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4603</u>								
11	Rouline Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54,64	\$0,00	\$14.72	\$20.16		\$16.14	\$7.14	\$3,02	\$0,52
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	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16,14	\$7.14	13.19 (FRV)	\$0.52
45	Quarterly Per Diem Rate Prior to Add-ons	to 54 or Court Albana P/	6444	67.04	***	04.07	** 70	40.00				.,,,
15 16	Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwih Allwinc % Ln 14 + Ln 15	\$14.14 \$140.65	\$7,31 \$61,95	\$0.00 \$0.00	\$1.97 \$16.69	\$2.70 \$22.86	\$0.00 \$0.00	\$2.16 \$18.30	N/A \$7,14	N/A	N/A \$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.65	1.5213	\$0.00	\$10.09	\$22.00	\$0,00	\$16,30	\$7.14	\$13.19	\$0.52
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, Al(Olhr = Ln 16	\$172.94	\$94.24	\$0.00	\$16.69	\$22.86	\$0.00	\$18.30	\$7,14	\$13,19	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$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	\$2.36	\$2.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.82	\$5.72	\$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	\$196.76	\$99.96	\$0.00	\$16.91	\$23.27	\$0.00	\$35.77	\$7.14	\$13.19	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.75									

1	rovider: The Oaks at Limestone, LLC		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (C	CMI) Data d Overall CMI:		Facility <u>Specific</u> 1,5724	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		itrly BIMS score	47.2%	5.5% 2.0%	Qrtrly Mcaid		Medicaid CMI:		1.3834 1.4043	1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d d	0	::::::::::::::::::::::::::::::::::::::	g	g	the serve	<u>rate di agia</u>
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											ļ
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$6,769,050	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121,673
8	Total Nursing Facility Days As Filed Days = 34,533	FY12 Audited C/R Days	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$192.19	\$103.01	\$0,00	\$15,86	\$27.17	(with L&H)	\$23.54	\$7.17	\$11.92	\$3.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5724</u>							ļ	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65,51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.51	\$0.00	\$15,86	\$27.17		\$23,54	\$7.17	\$11.92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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 En 12 or En 13	\$153,24	\$65,51	\$0.00	\$15,86	\$23.09		\$20.56	\$7.17	17.53 (FRV)	\$3.52
	Quarterly Per Diem Rate Prior to Add-ons										,,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.72	\$8,76	\$0.00	\$2.12	\$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	\$169,96	\$74.27	\$0,00	\$17,98	\$26.18	\$0.00	\$23.31	\$7.17	\$17.53	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4043</u>								
18	Ordry Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	0.00.00	\$104.30		647.00	***	***	***		A - 11 - 1	
19	Quarterly Medicaid CMA Allowed Per Diem	ra = Lit 16, AllOlist = Lit 16	\$199,99	\$104,30	\$0.00	\$17.98	\$26.18	\$0.00	\$23.31	\$7.17	\$17.53	\$3.52
	Quarterly Per Diem Add-on Amounts										į	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,75	\$0.53	\$0,00	\$0.22	\$0.00	\$0,00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.74	\$5.74							ļ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$25.68	\$8,36	\$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	\$225.67	\$112.66	\$0.00	\$18.20	\$26.18	\$0.00	\$40.41	\$7.17	\$17,53	\$3.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.43									

Provider: The Oaks at Scenic View Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data	Specific wide	e_
Prvdr ID: 00178307A Growth Allowance: N/A 13.37% Base Period Overall CMI:  Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 20.8% 1.0% Quarterty Medicaid CMI:  MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.54 3.0% Qrlrty Mcaid CMI w RUG Wght Options:	1.5260 1.361 1.5952 1.482 1.6251 1.456	317 320

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
10000			a	b		d	<b>e</b>	f (	g	g	h	<u> </u>
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,083,419	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)	(\$2,957)		(\$577)	\$480,033	(\$3,418)		1	(\$107,447)	\$107,046
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	\$541,949		\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855	<b>4</b> 1,220,001		4555, 102	4 100,000	4011,010	41,000,011	<b>4000,00</b> 4	0000,110	0107,040
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 46,455	FY 18 GL-PL Ins Rpt Days								46,455		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166,11	\$88,26	\$0.00	\$13.66	\$21,75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5260			<b>4</b>		1	,,,,,	******	,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21.75		\$20.97	\$7.67	\$11,56	\$2,24
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	\$133,87	\$57,84	\$0.00	\$13,66	\$21.75		\$20.56	\$7.67	10.15	\$2.24
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$15.22	\$7,73	\$0,00	\$1.83	\$2,91	\$0,00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.09	\$65.57	\$0.00	\$1.03	\$24. <del>6</del> 6	\$0.00	\$23,31	\$7.67	\$10.15	\$2.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	<b>\$1</b> 75.05	1.6251	\$5.00	\$10.43	Q2-4.00	\$0.00	Q20.01	\$1.07	Ų 10.13	V2.24
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$190,08	\$106,56	\$0.00	\$15.49	\$24.66	\$0,00	\$23.31	\$7.67	\$10.15	\$2.24
	Quarterly Per Diem Add-on Amounts	(ros Dalisublanus)		40.50	***						Ac	
20 21	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 1.0% (to Routine Srys)	(see Policy Manual) En 19 Col b x CPS Add-on	\$1,16	\$0,53	\$0,00	\$0.22	\$0,41	\$0,00	\$0,00		\$0,00	***************************************
22	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	En 19 Col b x Sting Add-on	\$1.07 \$3.20	\$1.07 \$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$3.20	\$3.20					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.53	\$4.80	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
						-						
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$212.61	\$111.36	\$0.00	\$15.71	\$25.07	\$0.00	\$40.41	\$7.67	\$10.15	\$2.24

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$146.63

(Ln 25 - Ln 23) \* 0.75

Facility Add-on Facility State-Provider. The Oaks Nursing Home, Inc. Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide 00142271A Prvdr ID: N/A 13,37% Growth Allowance: Base Period Overall CMI; 1.2854 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 44,1% 2.5% Quarterly Medicaid CMI: 1.7798 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.95 3.0% Ortrly Moaid CMI w RUG Woht Options: 1.8138 1 4569

	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours pe	er On-Site Day/Q	tuality incentive:	3,95	3.0%	Ortrly Meald	CMIWRUG	Ngnt Options:		1.8138	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
330			а	<b>b</b>	C	d d	o de estado	f	9	g	Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	1989: <b>1</b> 00:00
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot	** *** ***				.==					
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)		\$2,280,985	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$2,666) \$2,278,319	\$3,281 \$1,147,987	\$0 \$0	\$383 \$288,842	(\$740) \$76,640	(\$2,076) \$244,599	(\$3,328)	624.240	(\$39,826)	\$39,640
8	Total Nursing Facility Days As Filed Days = 18,971	FY12 Audited C/R Days	18,971	\$1,147,907	\$0	\$200,042	\$76,640	\$244,588	\$397,043	\$34,342	\$49,226	\$39,640
"	Total Nursing Facility Days GL-Pt, Ins, Rpt As Filed Days = 21,365	FY 18 GL-PL (ns Rpt Days	10,971							21,365		
9	Net Per Diems prior to Case Mix Adjustmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$119.89	\$60,51	\$0.00	\$15,23	\$16.93	(with L&H)	\$20.93	\$1,303	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$115.05	1.2854	\$0.00	\$10,20	\$10.55	(with Lorry	\$20.95	\$1.01	\$2,35	\$2.09
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.08	\$0.00	\$15,23	\$16,93		\$20,93	\$1.61	\$2.59	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0,00	N/A	\$2,.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117,10	\$47.08	\$0.00	\$15,23	\$16.93		\$20.56	\$1.61	13,60	\$2.09
	•		•	+ /					,,	<b>V</b>	(FRV)	4
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.34	\$6.29	\$0.00	\$2.04	\$2.26	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.44	\$53.37	\$0.00	\$17.27	\$19,19	\$0,00	\$23.31	\$1.61	\$13.60	\$2.09
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8138</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$173.87	\$96.80	\$0.00	\$17.27	\$19,19	\$0,00	\$23.31	\$1.61	\$13.60	\$2.09
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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 Coi b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.90	\$2.90								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.85	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$197.45	\$102.65	\$0.00	\$17.49	\$19.60	\$0.00	\$40.41	\$1.61	\$13.60	\$2.09
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.26		•							•

# Quarterly Case Mix Per Diem Calculation

#### **FINAL**

Provider: The Oaks of Athens Prvdr ID: 00140126A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurse		ata and Percentages Growth Allowance; BIMS; Day/Quality Incentive;	Facility Score N/A 19.7% 4.02	Add-on Percent 13.37% 0.0% 2.0%		Quarter	(CMI) Data iod Overali CMI: ly Medicaid CMI: 3 Wght Options:		Facility Specific 1.4177 1.5559 1.5841	State- wide 1.3617 1.4347 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
CASE MIX BASED RATE CALCULATIONS		a	b	С	, d	е	f	g	1	h	i i
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$159.61 \$16.97 \$183.89	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.5841 \$122.00	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41  \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 356,084 48,701 \$ 7.31	\$30.90 \$30.90 \$30.90 (FRV Rate)	
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$228.87 \$0.00 \$2.44	\$122.00 \$0.00 \$2.44		\$19,83	\$24.87		\$22.14	\$7.31	\$30.90	\$1.82
Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$19.54						17.10			
Quarterly Case Mix Based Per Diem Rate		\$248.41	\$124.43		\$19.83	\$24.87	***************************************	\$39.24	\$7.31	\$30.90	\$1.82
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.48										

Provider;	The Oaks of Carrol	Ilton		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00140181A			Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,5821	1.3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	40.9%	2.5%	Quarterly Medicaid CMI:	1.4559	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.67	3.0%	Ortrly Mcaid CMI w RUG Wight Options:	1.4832	1.4569
			Haranda His				Plant Admin	Downsto	ii la <del>T</del> ailan a
Line			٠,	numes / Totals Routine	Special	Dietoer	Laundry & Constitute Author A&G-C	SL-PL Property	laxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and insurance
200			а	2011/03/ <b>b</b> (49/65)	С	, d	e .	f.	g	g	assessible and assess	Tejiste Injeres
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,037,555	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,635)	(\$3,973)	\$0	\$0	(\$1,599)	(\$3,386)	(\$34,759)		(\$88,849)	\$85,931
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,990,920	\$1,363,485	\$0	\$234,636	\$221,715	\$220,043	\$471,671	\$101,051	\$292,388	\$85,931
8	Total Nursing Facility Days As Filed Days = 14,520	FY12 Audited C/R Days	14,520									
	Total Nursing Facility Days GtPl. Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days								14,492		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$205.99	\$93.90	\$0.00	\$16,16	\$30.42	(with L&H)	\$32.48	\$6.97	\$20.14	\$5.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5821</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$59,35						ļ		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.35	\$0.00	\$16.16	\$30.42		\$32.48	\$6.97	\$20.14	\$5.92
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	\$153.81	\$59.35	\$0,00	\$16.16	\$23.09		\$20.56	\$6,97	21.76	\$5.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.94	\$7.94	\$0.00	\$2.16	\$3,09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	្រ 14 + Ln 15	\$169.75	\$67,29	\$0.00	\$18.32	\$26,18	\$0.00	\$23,31	\$6.97	\$21.76	\$5.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4832			-			40.01	\$21.70	<b>V</b> 0.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ln 16 x ln 17		\$99.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AliOthr = £n 16	\$202.26	\$99,80	\$0.00	\$18.32	\$26.18	\$0,00	\$23.31	\$6.97	\$21.76	\$5.92
	Overlady Par Diore Add on Amounts											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,50	\$2,50	\$0.00	\$0.22	-0.00	\$0,00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivs)	Ln 19 Col b x Sting Add-on	\$2,50	\$2,99						**************************************		
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	92,33					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,34	\$6,02	\$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	\$225.60	\$105.82	\$0.00	\$18.54	\$26.18	\$0.00	\$40.41	\$6.97	\$21.76	\$5.92
		4				1		,	L	L		
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Lл 23) * 0.75	\$156.38									

Facility Add-on Facility State-Provider: The Place at Deans Bridge Score Percent Specific \_\_\_Add-on Data and Percentages\_\_\_ Case Mix Index (CMI) Data wide Prvdr ID: 00141589A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,4214 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 34.3% 2.5% Quarterly Medicaid CMI: 1.4101 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.97 3.0% Ortrly Meaid CMI w RUG Wght Options: 1.4381 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
			а	b	С	d	е	f f	g	g	h	uded Alalidase
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			Landard and the state of the st
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$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	\$4,709,219	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$347,696)	(\$160,571)	\$0	\$550	(\$683)	(\$618)	(\$182,099)		(\$40,182)	\$35,907
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$4,361,523	\$2,192,708	\$0	\$470,002	\$244,420	\$220,501	\$553,163	\$200,608	\$444,214	\$35,907
8	Total Nursing Facility Days As Filed Days = 29,016	FY 18 GL-PL Ins Rpt Days	29,016									
9	Total Nursing Facility Days GLPL Ins. Rpt As Filed Days = 27,415	En 7/En 8 Cola	6450.70	075.57	***		*40.00		***	27,415	0.504	
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 gtrs of FY12	\$150.72	\$75.57	\$0,00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ແທນສະຕູແຮດເຕົາ 12 ໄທ 9 / Ln 10		1,4214 \$53,17								
12	Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.17 \$53.17	\$0.00	\$16.20	\$16.02		\$19.06	67.00	045.04	
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$33,17 \$71.51	\$0.00	\$16.20	\$10.02		\$19.06	\$7.32	\$15,31	\$1.24
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.19	\$53.17	\$0.00	\$16,41	\$23,09		\$20.56	\$0.00 \$7.32	N/A	64.04
1-4	Dase Fellou Case MIX Adjusted Allowed Fel Dietil	263321 01 11 12 01 11 13	\$122.19	\$33.17	\$0.00	\$10.20	\$10.02		\$19.00	\$1.52	9.18 (FRV)	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(,,,,,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.97	\$7.11	\$0.00	\$2.17	\$2.14	\$0,00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$136,16	\$60.28	\$0,00	\$18.37	\$18.16	\$0.00	\$21.61	\$7.32	\$9.18	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	į	<u>1.4381</u>	Í							
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	l.n 16 x l.n 17	ļ	\$86.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162,57	\$86,69	\$0,00	\$18.37	\$18.16	\$0.00	\$21.61	\$7.32	\$9.18	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add∙on	\$2.17	\$2.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.40	\$5.30	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.97	\$91.99	\$0.00	\$18,59	\$18.57	\$0.00	\$39.08	\$7.32	\$9.18	\$1,24
					<u> </u>			L	I	1		L

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$126.65

(Ln 25 - Ln 23) \* 0,75

Facility Add-on Facility State-Provider: The Place at Martinez Add-on Data and Percentages Score Percent Specific wide Case Mix Index (CMI) Data Prvdr ID: 00142535A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,3341 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 46.4% 5.5% Quarterly Medicaid CMI: 1.3549 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 6.06 3.0% Ortrly Moaid CMI w RUG Wght Options; 1.3761 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>b</b>	С	d	е	1	g	g	Allegation his transfer	jiliga Laaga
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts  As Siled Cost Costs Costs (Parties & Costs) Save Costs at	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4.664.064	\$2.670.002	F0.	SE06 677	6070.004	6240.200	eron 700	¢200 can	6470 500	200
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)  Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistmts	\$4,564,064 \$285,585	\$2,579,902	\$0 \$0	\$526,677 \$0	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$265,565 \$4,849,649	(\$3,631) \$2,576,271	\$0 \$0	\$526,677	\$395 \$270,656	(\$677) \$309,621	(\$35,500) \$467,296	\$200,608	\$277,664 \$451,186	\$47,334 \$47,334
8	Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465	\$2,570,211	30	\$320,077	\$270,036	\$305,021	\$407,290	\$200,000	\$451,100	\$41,334
J	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days	55,700							27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$159,78	\$84,56	\$0.00	\$17,29	\$19.05	(with L&H)	\$15.34	\$7,18	\$14,81	\$1,55
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	<b>0100.70</b>	1.3341	40.00	725	\$13.03	i in in control	\$13.54	\$7,10	\$14,01	\$1,00
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63,39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63,39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18	\$14.81	\$1.55
13	Per Diem Standards (After Statewide CMA for Routine Strycs)	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	\$133.89	\$63,39	\$0.00	\$17.29	\$19,05		\$15.34	\$7.18	10.09	\$1.55
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$15,39	\$8.48	\$0.00	\$2.31	\$2.55	\$0.00	\$2.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149,28	\$71.87	\$0.00	\$19.60	\$21,60	\$0.00	\$17.39	\$7.18	\$10.09	\$1.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	•	1.3761	, , , , ,			-		*	*******	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Լո 17		\$98.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.31	\$98.90	\$0.00	\$19.60	\$21.60	\$0.00	\$17.39	\$7.18	\$10.09	\$1.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.44	\$5.44		,		1	1		15.55	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.04	\$8.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$203.35	\$107.84	\$0,00	\$19.82	\$22.01	\$0.00	\$34.86	\$7.18	\$10.09	\$1.55
					<u> </u>	L	l	·	L	L		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$139.69

(Ln 25 - Ln 23) \* 0.75

	Provider. The Retreat Nursing Home Prvdr ID: 00142733A  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance: htrly BIMS score	20,0%	Add-on Percent 13,37% 1,0% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.0648 1.0952 1.1058	State- wide 1.3617 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
			а	b	С	d d	/е	00403 <b>1</b> 0000	g	g	h	yogilgiyeer
	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
		,										
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot	60 400 075	04 405 660		6704 600	0404 704		2000 777		*****	
6		FY12 C/R Audit Adistmls	\$3,106,375	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstitits FY12 Audited C/R	\$217,869 \$3,324,244	\$27,490 \$1,523,179	\$0 \$0	(\$1,623) \$702,980	\$2,348 \$194,049	\$3,679 \$263,566	\$189,241	640.404	(\$8,976)	\$5,710
8	•	FY12 Audited C/R Days	19,848	\$1,020,179	\$0	\$102,960	\$194,049	\$203,300	\$473,018	\$48,494	\$113,248	\$5,710
"	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 19,030	FY 18 GL-PL Ins Rpl Days	19,040							19,232		
9	1 1	Ln 7/Ln 8 Col a	\$167,57	\$76,74	\$0.00	\$35,42	\$23.06	(with L&H)	\$23.83	\$2.52	\$5,71	\$0,29
10		from 4 qtrs of FY12	\$107.57	1.0648	\$0,00	\$33.42	\$25.00	(win con)	\$23.03	\$2,32	<b>43.11</b>	30,23
11	1	Ln 9 / Ln 10		\$72.07								
12	1	RS = Ln 11. AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0,29
13		per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$0.00	N/A	
14	1	Lesser of Ln 12 or Ln 13	\$155,03	\$71.51	\$0.00	\$29.15	\$23.06		\$20,56	\$2.52	7.94	\$0.29
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$19.29	\$9.56	\$0.00	\$3,90	\$3.08	\$0.00	\$2.75	N/A	h2/A	NICA
16		En 14 + Ln 15	\$174.32	\$9.36 \$81,07	\$0.00	\$3.90	\$3.06 \$26.14	\$0.00	\$2.75	\$2.52	N/A \$7.94	N/A \$0,29
17		per Current Qtr End	3114.02	1,1058	30.00	20,000	\$20.14	\$0.00	\$23.51	\$2.52	\$1,54	20,29
18		Ln 16 x Ln 17		\$89.65								Ì
19	, , , , , , , , , , , , , , , , , , , ,	RS = £n 18, AllOthr = £n 16	\$182.90	\$89,65	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
	,	,		722,00	1		423.14		125.01	12.32	41.54	\$5,25
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0,02	\$0,00	\$0,00	\$0,00	\$0.02	\$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	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.69	\$2.69				[				

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

24

\$17.10

\$20.71

\$203.61

\$139.88

\$3.59

\$93.24

\$0.00

\$0.00

\$0.00

\$33,05

\$0.02

\$26.16

\$0,00

\$0.00

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

\$0.00

\$7.94

\$0.00

\$0,29

\$17.10

\$17.10

\$40.41

\$0.00

\$2.52

Provider, Prvdr ID:	William Breman Jewish Home 00040752A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 47.4% 4.86	Add-on Percent 13,37% 5,5% 3,0%	Case Mix Index (CMI) Data  Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Woht Options:	Facility <u>Specific</u> 1.4004 1.3275 1.3462	State- wide 1.3617 1.4820 1.4569	
Line #	Description		Sources / Totals Routine Services	Special Services	Dietary	Laundry & Plant Admin A&G-GL- Operatins and Insurance 8. Maint General	PL Property	Taxes and Insurance	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatins & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
10.00			а	<b>b</b>	С	d	е	a server <b>f</b> aggaria	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
"	Enciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$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	\$9,554,994	\$4,619,144	\$0	\$1,472,041	\$630,042	\$498,863	\$1,614,793	\$144,781	\$575,330	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,775)	\$7,250	\$0	\$0	(\$5,422)	(\$4,294)	(\$137,136)	İ	(\$44,503)	\$37,330
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,408,219	\$4,626,394	\$0	\$1,472,041	\$624,620	\$494,569		\$144,781	\$530,827	\$37,330
8	Total Nursing Facility Days As Filed Days = 33,439	FY12 Audited C/R Days	33,439					,		,		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281,33	\$138.35	\$0.00	\$44,02	\$33.47	(with L&H)	\$44.19	\$4.31	\$15.87	\$1,12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4004						•	•	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98,80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$98.80	\$0.00	\$44,02	\$33.47		\$44.19	\$4.31	\$15,87	\$1.12
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	01.12
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$4.31	27.81	\$1.12
	Bass Times and Ministration of State		\$100.01	\$11.51	\$0,05	\$10.41	\$20.09		\$20,50	34.31	(FRV)	\$1.12
	Quarterly Per Diem Rate Prior to Add-ons										,,,,,	
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0.00	\$2.46	\$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	\$184.67	\$81.07	\$0.00	\$20,87	\$26.18	\$0.00	\$23.31	\$4.31	\$27,81	\$1.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3462</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.74	\$109.14	\$0.00	\$20.87	\$26,18	\$0.00	\$23.31	\$4.31	\$27.81	\$1,12
	Out of De Directed as Assessed											
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	-0.00	60.00	****			***				
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)  BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00		\$0.00	
21			\$6.00	\$6,00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	***					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.37	\$9.27	\$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	\$239.11	\$118.41	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$4.31	\$27.81	\$1.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$166.51									

State-

Facility

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

Facility

Add-on

	Provider: Thomasville Nurs. & Rehab. C Prydr ID: 00277604A	etr.	-	Add-on Data and	Percentages owth Allowance:	Score N/A	Percent 13.37%	Cas	se Mix Index ((	CMI) Data d Overall CMI:		Specific 1.5025	wide 1.3617
		Per Diem Rate Effective Date; Hrs Data per Quarter Ending;	4/1/2020 12/31/19 Nurse Hours	oper On-Site Day/C	Qtrly BIMS score Quality Incentive:		2.5% 3.0%	Orthy Moaid	Quarterly	Medicaid CMI; Wght Options;		1.5184 1.5477	1.4820 1.4569
Line #			Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	b	C	d	e	ng et ege	9	g	h	
2	CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limit: Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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 Rp	\$2,738,554	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6	Audit Adjustments and Reallocations to Cost Center	Costs	FY12 C/R Audit Adjstmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	\$9,763
7	Cost Center Costs After Audit Adjustments		FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8	Total Nursing Facility Days A	As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GtPt, Ins. Rpt A	As Filed Days = 17,102	FY 18 GL-PL Ins Rpt Days				]				17,102		
9	Net Per Diems prior to Case Mix Adjstmt to Routine	Srvcs	Ln 7 / Ln 8 Col a	\$150.32	\$63.40	\$0.00	\$18.47	\$18.54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0,60
10	Base Period Facility Case Mix Index for All Reside	ents	from 4 qtrs of FY12		<u>1.5025</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Di	em	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Sn	vcs	RS = Ln 11, AllOthr = Ln 9		\$42.20	\$0.00	\$18.47	\$18,54		\$26.56	\$0.60	\$22,15	\$0,60
13	Per Diem Standards (After Statewide CMA for Routine S	rvcs)	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 £n 13	\$110.27	\$42.20	\$0,00	\$18.41	\$18.54		\$20.56	\$0.60	9,36	\$0,60
	Quarterly Per Diem Rate Prior to Add-ons											(FRV)	
15	· 1	4	En 14 x Grwth Allwac %	\$13.33	\$5.64	\$0,00	\$2,46	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16			Ln 14 + l.n 15	\$123.60	\$47.84	\$0.00	\$20.87	\$21.02	\$0.00	\$23,31	\$0,60	\$9.36	\$0.60
17	•	·	per Current Qtr End	1.23.00	1.5477	72.00		427.04	15,00		75.00	1	45.50
18		!	Ln 16 x Ln 17		\$74.04								
19	1 ' '		RS = Ln 18, AllOthr = Ln 16	\$149.80	\$74.04	\$0.00	\$20.87	\$21.02	\$0.00	\$23.31	\$0.60	\$9.36	\$0.60
	Quarterly Per Diem Add-on Amounts						1						
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	

Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)

2.5% (to Routine Srvs)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

\$1.85

\$2.22

\$17.10

\$22.11

\$171.91

\$116.11

\$1.85

\$2.22

\$4.60

\$78.64

\$0.00

\$0.00

\$0.00

\$20.87

\$0.41

\$21.43

\$0.00

\$9.36

\$0.00

\$0.60

\$17.10

\$17.10

\$40.41

\$0.00

\$0.60

\$0.00

\$0.00

1	ovider: Thomson Health & Rehab  vdr ID: 00143261A  Case Mix Per Diem Rate Effective Date;  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owth Allowance; Nrly BIMS score	39.6%	Add-on Percent 13,37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1378 1.4325 1.4560	State- wide 1.3617 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
С	ASE MIX BASED RATE CALCULATIONS		a	b	C	ď	е	f	g	g	h jana	ringa Ingga
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$5,744,749	\$2,887,297	\$0 \$0	\$712,802 \$0	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	\$0
7 8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 43,939	FY12 Audited C/R FY12 Audited C/R Days	(\$73,347) \$5,671,402 43,939	\$1,582 \$2,888,879	\$0 \$0	\$712,802	\$887 \$414,199	\$721 \$336,892	(\$65,752) \$595,091	\$99,517	(\$35,652) \$599,155	\$24,867 \$24,867
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165  Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL ins Rpt Days Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	42,165 \$2.36	\$13.64	\$0.57
10 11	Base Penod Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9/Ln 10	,	<u>1.1378</u> \$57.79		-	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	42.50	¥.5.5.	\$5,51
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$57.79 \$71.51	\$0.00 \$0.00	\$16,22 \$18.41	\$17.09 \$23.09		\$13.54 \$20.56	\$2.36 \$0.00	\$13,64 N/A	\$0.57
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116,00	\$57.79	\$0.00	\$16.22	\$17.09		\$13,54	\$2.36	8.43 (FRV)	\$0.57
15 16	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%  CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwth Alfwnc % Ln 14 + Ln 15	\$13.99 \$129.99	\$7.73 \$65.52	\$0.00 \$0.00	\$2.17 \$18,39	\$2.28 \$19.37	\$0.00 \$0.00	\$1.81 \$15.35	N/A \$2.36	N/A \$8,43	N/A \$0.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17	\$120.33	1.4560 \$95,40	90.00	\$10,39	<i>कृत्वःश</i>	<b>\$0.00</b>	\$10.50	φ2.30	90,43	90,31
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$159.87	\$95.40	\$0.00	\$18.39	\$19,37	\$0.00	\$15,35	\$2.36	\$8.43	\$0.57
20 21	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)  BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.39	\$0.53 \$2,39	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$2.86 \$17.10	\$2.86					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.88	\$5,78	\$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	\$183.75	\$101.18	\$0.00	\$18.61	\$19.78	\$0.00	\$32.82	\$2.36	\$8.43	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.99									

	Provider:	Tifton Health and Rehab Center			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID;	00143294A Case Mix Per Diem MDS & Nurse Hrs Data	Rate Effective Date: per Quarter Ending:	4/1/2020 12/31/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 41.1% 3.22	13,37% 2,5% 3,0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1,4355 1,6364 1,6662	1.3617 1.4820 1.4569
H	ana sanaa		Brion-Avillano e consequencia la	454 200 540 H000 ARREST		a sistemataya araw	Incompany		assaral a congential fakiti	a observancy

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1000			а	b	C	:: d	е	(100 f	g	or ingrision	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,499,668	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$277,786)	\$0	\$0	\$0	\$0	\$0	(\$277,786)		(\$30,668)	\$30,668
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,221,882	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$807,102	\$3,029	\$273,412	\$30,668
8	Total Nursing Facility Days As Filed Days = 31,601	FY12 Audited C/R Days	31,601									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660	FY 18 GL-PL Ins Rpt Days								32,660		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133,60	\$72.64	\$0.00	\$13.98	\$11.73	(with L&H)	\$25.54	\$0.09	\$8.65	\$0,97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4355			:					
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 9 / Լո 10		\$50.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50,60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8,65	\$0,97
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 Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20.56	\$0.09	11.90	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.96	\$6,77	\$0,00	\$1.87	\$1.57	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.79	\$57.37	\$0.00	\$15,85	\$13,30	\$0.00	\$23,31	\$0.09	\$11.90	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6662								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95,59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.01	\$95.59	\$0.00	\$15.85	\$13.30	\$0,00	\$23,31	\$0,09	\$11.90	\$0.97
20	Quarterly Per Diem Add-on Amounts	(ego Pelini Magual)	64.46	60.50	20.00	60.00	60.44	***	20.00		00.00	
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)  Ln 19 Col b x CPS Add-on	\$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 Sting Add-on	\$2.39	\$2.39								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee	(Fixed Amount)	\$2.87 \$17.10	\$2.87					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.79	\$0.00	\$0,22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19+Ln 24	\$184.53	\$101.38	\$0.00	\$16.07	\$13.71	\$0.00	\$40.41	\$0.00	\$11.90	\$0.00
23	Monterly Case mix Dased Fel Dielli Kate	U1 13 T C11 24	\$104.53	\$101.38	30.00	\$10.07	\$13.71	20.00	\$40.41	\$0.09	\$11.30	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.57									

	rovider: Tower Road Healthcare		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((			Facility Specific	State- wide
P	rvdr ID: 00083003A  Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		owth Allowance: htrly BIMS score quality Incentive:	30.2%	13.37% 2.5% 2.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI; Wght Options;		1.4452 1.8032 1.8379	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	е	in a f	g	g	h in	- 31 - <b>1</b> 1 - 31
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435	\$3,614,570	so	\$652,801	\$289,111	\$444,765	\$1,459,904	\$56,650	\$290,634	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)	400,000	(\$54,872)	\$54,872
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	\$1,360,783	\$56,650	\$235,762	\$54,872
8	Total Nursing Facility Days As Filed Days = 40,246	FY12 Audited C/R Days	40,246								,	
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 41,585	FY 18 GL-PL (ns Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33.81	\$1,36	\$5,86	\$1,36
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.4452								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.33	\$0.00	\$16.22	\$18,23		\$33.81	\$1.36	\$5.86	\$1,36
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 £n 13	\$131.71	\$61,33	\$0,00	\$16.22	\$18.23		\$20.56	\$1.36	12.65 (FRV)	\$1.36
45	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %										
15	Growth Allowance Percentage = 13.37%		\$15.56	\$8.20	\$0,00	\$2.17	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qir End	\$147.27	\$69.53	\$0.00	\$18.39	\$20,67	\$0.00	\$23.31	\$1.36	\$12.65	\$1,36
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents  Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	La 16 x La 17		<u>1.8379</u> \$127.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205,53	\$127.79	\$0.00	\$18.39	\$20,67	\$0,00	\$23.31	\$1.36	\$12.65	\$1,36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$3.19	\$3.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		la para la par	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.28	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$229.54	\$134.07	\$0,00	\$18.61	\$21.08	\$0.00	\$40.41	\$1.36	\$12.65	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.33			1				1	I	

1	rovider: Townsend Park H & R  rvdr ID: 00404995A  Case Mix Per Diem Rate Effective Date:  MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours		owth Allowance: otrly BIMS score	42.4%	Add-on Percent 13.37% 2.5% 3.0%	***************************************	Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3657 1.3650 1.3861	State- wide 1.3617 1.4820 1.4569
Lîne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			а	<b>b</b>	С	d	e	1991 <b>(</b> 1991)	g	g	h	99999 <b>1</b> 0999
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ro	t \$4,890,696	\$2,276,104	so	\$454.843	#220 S 40	enca no.4		6440.004	\$ 470 ppp	
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$4,890,698	\$2,276,104	\$0 \$0	\$454,643	\$338,849 \$0	\$263,394 \$0	\$960,646	\$118,231	\$478,629	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0 \$0	\$454,843	\$338,849	\$263,394	(\$18,047) \$942,599	\$118,231	(\$17,282) \$461,347	\$17,282 \$17,282
8	Total Nursing Facility Days As Filed Days = 28,961	FY12 Audited C/R Days	28,961	φ <u>2,440,201</u>	0	\$707,040	\$000,040	\$200,034	Q342,033	\$110,251	3401,547	\$17,202
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY 18 GL-PL Ins Rpt Days								41,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15.71	\$20,79	(with L&H)	\$32.55	\$2.88	\$15.93	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3657								-
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$61,77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20,79		\$32.55	\$2.88	\$15,93	\$0,60
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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	\$134.71	\$61.77	\$0.00	\$15,71	\$20.79		\$20.56	\$2.88	12.40	\$0,60
	Outside de Pierre Parle Brianche Add anno										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$15.89	\$8.26	\$0.00	\$2.10	\$2,78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.60	\$70.03	\$0.00	\$17.81	\$23,57	\$0.00	\$23,31	\$2.88	\$12.40	\$0,60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.3861	*		<b>420/0</b> .		120.0	-	¥ 1.2., 1.0	\$2,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.64	\$97.07	\$0.00	\$17.81	\$23.57	\$0.00	\$23.31	\$2.88	\$12,40	\$0,60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stod - Alwd] x .75, up to max, or 0)	(see 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	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.60	\$5.87	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.24	\$102.94	\$0.00	\$18.03	\$23.98	\$0.00	\$40.41	\$2.88	\$12.40	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.11									

 Provider: Traditions Health & Rehab Prvdr ID: 00143701A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020	Add-on Data and Percentages Growth Allowance Qtrfy BIMS score er On-Site Day/Quality Incentive	44.8%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2904 1.5885 1.6135	State- wide 1,3617 1,4820 1,4569
Line # Description	Sources I Calculations	Totals Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS  1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	a b  1 All Facilities All Bed Sizes		2 Free Standing All Bed Sizes	1	1 All Facilities All Bed Sizes	g 1 All Facilities All Bed Sizes	S	<b>h</b>	
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41	Adalahan da katalahan da katalahan da katalahan da katalahan da katalahan da katalahan da katalahan da katalah	50.0% 105.0% \$0.37			

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9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,266,760	\$4,706,424	\$0	\$841,310	\$494,651	\$448,988	\$924,613	\$173,818	\$676,956	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,619)	(\$784)	\$0	\$D	\$0	\$0	(\$42,835)		(\$86,651)	\$86,651
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,223,141	\$4,705,640	\$0	\$841,310	\$494,651	\$448,988	\$881,778	\$173,818	\$590,305	\$86,651
8	Total Nursing Facility Days As Filed Days = 60,007	FY12 Audited C/R Days	60,007									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15,73	(with L&H)	\$14,69	\$2.81	\$9.84	\$1.44
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		\$60.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.77	\$0.00	\$14.02	\$15.73		\$14,69	\$2.81	\$9.84	\$1.44
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	\$118.85	\$60,77	\$0,00	\$14.02	\$15.73		\$14.69	\$2.81	9,39	\$1.44
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1	Ln 14 x Grwth Allwing %	\$14.05	\$8.12	\$0.00	\$1.87	\$2.10	\$0.00	\$1.96	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$132.90	\$68.89	\$0.00	\$15.89	\$17,83	\$0.00	\$16.65	\$2.81	\$9.39	\$1.44
17	1	per Current Otr End	¥70 <u>-</u>	1,6135			417.00		010,00	72.51	40.00	<b>*</b> 1.,,
18		Ln 16 x Ln 17		\$111.15								
19		RS = Ln 18, AilOthr = Ln 16	\$175.16	\$111.15	\$0.00	\$15.89	\$17.83	\$0.00	\$16,65	\$2.81	\$9.39	\$1.44
		·	*	******		•		• -,		,	71111	7.7.1
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
21	1	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22		Ln 19 Col b x Sting Add-on	\$3.33	\$3,33								
23		(Fixed Amount)	\$0.00						\$0,00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.64	\$6,64	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln: 19 + Ln: 24	\$182.80	\$117.79	\$0.00	\$16.11	\$18.24	\$0.00	\$17.02	\$2.81	\$9.39	\$1.44

	Provider: Treutien County Health & Rehab Prydr ID: 00143349A		Add-en Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index ((	CMI) Data		Facility Specific 1,5628	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		triy BIMS score	57.8%	5.5% 3.0%	Ortrly Meald	Quarterly I	Medicaid CMI; Wght Options;		1.5339 1.5633	1.4820 1.4569
Lin		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
544			а	b	c	d	e (	f	g	g	h	
9	CASE MIX BASED RATE CALCULATIONS											
1	1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts						-		A. A. A. A. A. A. A. A. A. A. A. A. A. A			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,674,762	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$10,992)	\$0	\$0	(\$1,740)	\$661	\$945	(\$13,631)		(\$1,661)	\$4,434
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,663,770	\$1,402,185	\$0	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
8	Total Nursing Facility Days As Filed Days = 18,155	FY12 Audited C/R Days	18,155									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 17,802	FY 18 GL-PL ins Rpt Days								17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0,00	\$17.57	\$18.24	(with L&H)	\$21,51	\$2.70	\$9.29	\$0.24
10		from 4 qtrs of FY12		1.5628								
11	1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12		RS = Ln 11, AllOlhr = Ln 9		\$49.42	\$0.00	\$17,57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	4 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2,70	12.46	\$0.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	5 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.15	\$6.61	\$0.00	\$2.35	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16	1	Ln 14 + Ln 15	\$135,34	\$56,03	\$0,00	\$19.92	\$20.68	\$0.00	\$23.31	\$2,70	\$12.46	\$0.24
17		per Current Qir End		<u>1.5633</u>								
18	* * * *	Ln 16 x Ln 17		\$87.59								
19	9 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.90	\$87.59	\$0,00	\$19.92	\$20.68	\$0.00	\$23.31	\$2.70	\$12.46	\$0.24
	Quarterly Per Diem Add-on Amounts				:							
20	0 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	1 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.82	\$4.82								
22		Lл 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23		(Fixed Amount)	\$17.10						\$17.10			
24	4 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.71	\$7.98	\$0.00	\$0,22	\$0.41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	5 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.61	\$95,57	\$0.00	\$20.14	\$21.09	\$0.00	\$40.41	\$2.70	\$12.46	\$0.24
26	6 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.63		,							

Provider: Twin Fountains Home Prvdr ID: 00142843A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		owih Allowance: htrly BIMS score	Facility Score N/A 55,7% 3,53	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1,0956 1,0202 1,0325	State- wide 1.3617 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
CASE MAY PAGED DATE OALOU ATTOMO		а	b	C	d	е	f	g	g	h	pepaliti i ilika e
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,978)	\$0	\$0	\$0	\$0	\$0	(\$23,978)		(\$11,036)	\$11,036
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,015,386	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,462,285	\$59,384	\$306,053	\$11,036
8 Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$187.91	\$93.66	\$0.00	\$32.79	\$12,17	(with L&H)	\$39.16	\$1.63	\$8.20	\$0.30
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.0956</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$85,49								1
12 Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AlfOthr = Ln 9		\$85.49	\$0.00	\$32,79	\$12.17		\$39.16	\$1.63	\$8.20	\$0.30
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	\$135,11	\$71.51	\$0,00	\$18,41	\$12.17		\$20.56	\$1.63	10,53 (FRV)	\$0,30
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.40	\$9.56	\$0,00	\$2.46	\$1.63	\$0.00	\$2.75	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)     Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$151.51	\$81.07	\$0.00	\$20.87	\$13.80	\$0,00	\$23.31	\$1.63	\$10.53	\$0.30
17   Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents   18   Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.0325 \$83.70								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.14	\$83.70	\$0.00	\$20,87	\$13.80	\$0,00	\$23.31	\$1.63	\$10.53	\$0.30
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0,00	\$0,00	\$0,00	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.60	\$4.60								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.51	\$2.51								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.62	\$7.11	\$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	\$178.76	\$90.81	\$0.00	\$20.87	\$14.21	\$0.00	\$40.41	\$1.63	\$10.53	\$0.30
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.25								· · ·	

State-

Facility

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

Facility

Add-on

Pr	ovider. Twin Oaks Convalescent Center	*****	Add-on Data and	Percentages	Score	Percent	Cas	se Mix Index ((	CMI) Data		Specific	wide_
Pi	vdr ID: 00143393A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	•		owth Allowance: htrly BIMS score huality Incentive:	30.6%	13.37% 2,5% 2,0%	Ortrly Moaid	Quarterly	d Overall CMt; Medicaid CMI; Wght Options;		1.2778 1.4169 1.4407	1,3617 1,4820 1,4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
90.09			а	b	C	d	е	e grant frame of	g	g	h	
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS									-		
1	Cost Center Peer Groups	(see Policy Manual)		1	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			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(and Delian Manual)		90.0%	90.0%	90.0%	05.00		50.000			
3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0,00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Soves Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,128,275	\$2,616,768	so	\$793,659	\$232,385	\$246,571	\$618,450	\$65,154	\$555,288	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)	, , , , , ,	(\$15,041)	\$7,402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138						,			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162,38	\$80,16	\$0.00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16,56		\$18.91	\$2.15	\$17.93	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Srycs)	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	\$145.92	\$62.73	\$0,00	\$26.42	\$16.56		\$18.91	\$2.15	18.90	\$0.25
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.66	\$8.39	\$0,00	\$3,53	\$2.21	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.58	\$71.12	\$0.00	\$29.95	\$18.77	\$0,00	\$21.44	\$2.15	\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.4407				İ				
18	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193,92	\$102.46	\$0,00	\$29.95	\$18.77	\$0.00	\$21,44	\$2.15	\$18.90	\$0.25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56			,,,,,	12.00	12.07		13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.24	\$5.14	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.16	\$107.60	\$0.00	\$30.17	\$19.18	\$0.00	\$38.91	\$2.15	\$18.90	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$150.05			1			<u> </u>	il		

	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<b>4/1/2020</b> 12/31/19	Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	28.4% 2.18	1.0% 2.0%	Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.3525 1.3744	1.4820 1.4569
Prvdr ID:	00040807A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.2987	1.3617
Provider:	Twin View Health Care		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
				Facility	Add-on		Facility	State-

Line	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		<del></del>				<u> </u>		<u>5</u>	9		·
<u>`</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	<b>1</b> All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,496,358	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,932)	(\$91,481)	\$0	\$990	\$563	\$2,972	(\$30,069)		(\$44,411)	\$31,504
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$86.95	\$43.26	\$0.00	\$9.80	\$12.33	(with L&H)	\$11.73	\$0.89	\$8.13	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$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	\$76.06	\$33.31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	7.19	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	· ·	Ln 14 x Grwth Allwnc %	\$8.98	\$4.45	\$0.00	\$1.31	\$1.65	\$0.00	\$1.57	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$85.04	\$37.76	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3744								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$51.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$99.18	\$51.90	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0.52	\$0.52		75	*****	*****	****		*****	
22		Ln 19 Col b x Stfng Add-on	\$1.04	\$1.04								
23		(Fixed Amount)	\$17.10	,					\$17.10			
24	7	Sum of Lns 20 thru 23	\$20.19	\$2.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$119.37	\$53.99	\$0.00	\$11.33	\$14.39	\$0.00	\$30.77	\$0.89	\$7.19	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$76.70		•						'	

\$147.00

\$97.43

(Ln 27 - Ln 23) \* 0.75

27 Minimum Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Rate for Bed Hold and Leave Days

Facility Add-on Facility State-**Union County Nursing Home** Add-on Data and Percentages Score Percent Specific wide Case Mix Index (CMI) Data Prvdr ID: 00143415A Growth Allowance; N/A 13.37% Base Period Overall CMI; 1.1218 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 39.2% 2.5% Quarterly Medicaid CMI; 1.1736 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 4.61 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.1944 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
			а	b	4000 C1000	d	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(8459 <b>1</b> 959/8)	g	g	<u> Andread November </u>	9999 <b>1</b> 999
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$9,035,736	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$189,908)	(\$59,584)	\$0	\$113	\$3,623	\$3,403	(\$121,620)		(\$15,843)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days As Filed Days ≈ 53,965	FY12 Audited C/R Days	53,965									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days								52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.97	\$86,83	\$0.00	\$23.62	\$20.92	(with L&H)	\$20.43	\$2,27	\$9,90	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1218	Ì							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.40	\$0.00	\$23.62	\$20.92		\$20,43	\$2.27	\$9.90	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Strucs)	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	\$150,46	\$71.51	\$0,00	\$23,62	\$20.92		\$20.43	\$2.27	11.71	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.25	\$9,56	\$0,00	\$3,16	\$2.80	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$168.71	\$81.07	\$0.00	\$26,78	\$23.72	\$0.00	\$23,16	\$2.27	\$11,71	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.1944							·	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96,83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.47	\$96.83	\$0.00	\$26.78	\$23.72	\$0.00	\$23,16	\$2.27	\$11.71	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.73	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.10		\$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	1		1	75.50			13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3,0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$5.32	\$0.00	\$0,22	\$0.41	\$0.00	\$17.20	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.62	\$102,15	\$0.00	\$27.00	\$24.13	\$0.00	\$40.36	\$2.27	\$11.71	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.89			!	1	<u> </u>	l			L

	Provider: Westwood (University Extended Care) Prodr ID: 00219359A Case Mix Per Diem Rate Effective Date:	4/1/2020	(	rowth Allowance: Qtrly BIMS score	37.2%	Add-on Percent 13.37% 2.5%	***************************************	Quarterly	d Overall CMI; Medicald CMI;		Facility Specific 1,3761 1,4506	State- wide 1.3617 1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hours	per On-Site Day/0	quality incentive:	3.79	3.0%	Оппу мсан	CMI w RUG	wgnt Options;		1.4850	1.4569
Line	1 Account to the country of the coun	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	<b></b>	С	d	е	f	g	g	11 h	1975aa <b>1</b> 75aa
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Mulliplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts										THE REAL PROPERTY AND ADDRESS OF THE PERSON	
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$8,260,037	\$4,994,106	\$0	\$831,460	\$532,811	\$395,396	\$1,007,514	\$183,274	\$315,476	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$134,484)	\$0	\$0	\$0	\$0	(\$4,648)	(\$129,836)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	\$831,460	\$532,811	\$390,748	\$877,678	\$183,274	\$315,476	\$0
8	Total Nursing Facility Days As Filed Days ≖ 51,167	FY12 Audited C/R Days	51,167							ļ		
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days								50,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	i.n 7 / i.n 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
10		from 4 qtrs of FY12		<u>1,3761</u>								
11	, , , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$70.92								
12	•	RS = Ln 11, AllOthr = Ln 9		\$70,92	\$0,00	\$16,25	\$18.05		\$17.15	\$3.61	\$6.17	\$0,00
13	,	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	\$142.39	\$70,92	\$0,00	\$16.25	\$18.05		\$17.15	\$3,61	16.41	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	1 -	Ln 14 x Grwth Allwac %	\$16.35	\$9.48	\$0.00	\$2.17	\$2,41	\$0.00	\$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + էn 15	\$158.74	\$80.40	\$0.00	\$18.42	\$20.46	\$0.00	\$19.44	\$3.61	\$16.41	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4850							1	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.39							Í	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.73	\$119.39	\$0.00	\$18.42	\$20.46	\$0.00	\$19.44	\$3,61	\$16.41	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0.44	\$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	\$2.98	\$2.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.58	\$3.58							ĺ	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10					Ì	\$17.10		ĺ	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,10	\$7.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.83	\$126.39	\$0.00	\$18.64	\$20.87	\$0.00	\$36.91	\$3.61	\$16.41	\$0.00

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$154.30

(Ln 25 - Ln 23) \* 0.75

	rovider: University Nursing and Rehab Center out ID: 00140533A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020		th Allowance: ly BIMS score		Add-on Percent 13.37% 1.0% 1.0%		Quarterly P	CMI) Data d Overall CMI Medicaid CMI Wght Options		Facility <u>Specific</u> 1.4327 1.4309 1.4555	State- wide 1.4014 1.4569 1.4820
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	е	f	9		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50.0% 105.0% \$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 Rp	ı \$3,429,093	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$10,987	\$329,761	so.
6	Audit Adjustments and Realfocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$51,535)	(\$11,061)	so.	\$0	\$723	\$4,137	(\$47,018)	,	(\$12,931)	\$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,377,558	\$1,867,751	\$D	\$254,029	\$135,654	\$145,972	\$631,720	\$10,987	\$316,830	\$14,615
8	Total Nursing Facility Days As Filed Days = 16,905	FY14 Audited C/R Days	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rpt Days								33,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$199,48	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.33	\$18.74	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY10		1.4327								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$77.12								
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16,66		\$37.37	\$0.33	\$18.74	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	6407.00	\$73.31	\$0,00	\$19.52	\$23.55		\$24.02		N/A	
14	,	Lessel of LR 12 of LR 13	\$137.66	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.33	7.45 (FRV)	\$0.86
4-	Quarterly Per Diem Rate Prior to Add-ons										. ,	
15	Growth Allowance Percentage # 13.4%	Ln 14 x Grwth Allwnc %	\$17.25	\$9,80	\$0.00	\$2.01	\$2.23	\$0,00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.91	\$83,11	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0,33	\$7.45	\$0.86

Quarterly Facility Case Mix Index for Medicaid Residents

Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem

Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)

Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)

Quarterly Medicaid CMA Allowed Per Diem

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

Quarterly Per Diem Add-on Amounts

BIMS Add-on Per Diem =

Nursing Home Provider Fee

17

18

19

20

21

22

23

\$192.77

\$0,63

\$1.21

\$1.21

\$17.10

\$20,15

\$212.92

\$146.87

1.4555

\$120.97

\$120.97

\$0.00

\$1.21

\$1.21

\$2.42

\$123.39

\$0.00

\$0.00

\$0,00

\$0.00

\$17.04

\$0.22

\$0.22

\$17.26

\$18.89

\$0.41

\$0.41

\$19.30

\$0.00

\$0.00

\$0.00

\$0.00

\$27.23

\$0.00

\$17.10

\$17.10

\$44.33

\$0.33

\$0.00

\$0.33

per Current Otr End

Ln 16 x Ln 17

RS = Ln 18, AllOthr = Ln 16

(see Policy Manual)

En 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

1.0% (to Routine Srvs)

\$7,45

\$0.00

\$0.00

\$7.45

\$0.86

\$0.00

\$0.86

# Quarterly Case Mix Per Diem Calculation

### **FINAL**

Sample   S	Provider: Vista Park Health and Rehab Prvdr ID: 00142931A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nur		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 40.7% 3.35	Add-on Percent 13.37% 2.5% 2.0%		Quarter	: (CMI) Data iod Overall CMI ly Medicaid CMI G Wght Options:		Facility Specific 1,4571 1,5866 1,6145	State- wide 1,3617 1,4347 1,4593
Cost Center Peer Groups per Selected Options   1	e Description			Services	Services	·	Houskpng	Operatns	and	3	and	Taxes and Insurance
Cost Center Peer Groups per Selected Options   Type of Facility within Peer Group   Red Size Size Range within Peer Group   Red Size Size Range within Peer Group Standards & Efficiency Measure Limits   Peer Group Standards: Percentile   Peer Group Standards: Percentile   Peer Group Standards: Multiplier   FY2018 GL-PL Ins. Rpt   FY2018 GL-PL Ins. Rpt   Standard Per Diem (After CMA for Routine Srvcs)   FY2012 Peer Group Limit   S149.08   S67.93   S17.49   S21.94   S19.53   S24.87   S22.14   S3.68   S21.77   Guarterly Per Diem Add-On Amounts   S24.99   S2	ASE MIX BASED RATE CALCULATIONS		<u>a</u>	D	<u>. c</u>	<u>d</u>	ее	<u>, t</u>	g		h h	<u>        i                            </u>
Quarterly Per Diem Add-On Amounts     \$22.14       BIMS Add-on Per Diem = 2.5% to Routine Srvs)     \$3.11       Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%     \$2.49       Nursing Home Provider Fee     \$17.10       Total Quarterly Per Diem Add-On Amounts     \$22.70	Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents	FY2018 GL-PL Ins. Rpt	\$16.97	90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.6145	All Bed Sizes 90.0% 100.0%	All Bed Sizes  90,0% 100,0% \$0,22  \$18,41 \$17,49 \$2,34	85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93		50.0% 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61	43,250	\$21.77 \$21.77 \$21.77 (FRV Rate)	
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% \$2.49 \$2.49  Nursing Home Provider Fee \$17.10  Total Quarterly Per Diem Add-On Amounts \$22.70			\$217.05	\$124.34		\$19.83	\$24.87		\$22.14	\$3,68	\$21.77	\$0.4
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$2,49 \$17.10 \$22.70						17.10			Mit 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Quarterly Case Mix Based Per Diem Rate         \$239.74         \$129.93         \$19.83         \$24.87         \$39.24         \$3.68         \$21.77           Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%         \$166.98         \$21.77	Quarterly Case Mix Based Per Diem Rate		\$239.74	\$129.93		\$19.83	\$24.87		\$39.24	\$3.68	\$21.77	\$0.42

Facility Add-on Facility State-Warm Springs Med. Ctr. NH Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00141952A Growth Allowance: N/A 13,37% Base Period Overall CMI; 1.1001 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 33,8% 2.5% Quarterly Medicaid CMI; 0.9791 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,83 3.0% Ortrly Moaid CMI w RUG Wight Options: 0.9906 1.4569

Line	Description	Sources / Calculations	Totals a	Routine Services b	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
	CASE MIX BASED RATE CALCULATIONS		a	В	C	11137517 <b>0</b> (111111)	entra entra entra entra entra entra entra entra entra entra entra entra entra entra entra entra entra entra en		g	g	h	1.00000001.0000000
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	en 045 ono	64 740 020	\$0	6500 400			0514.000	<b>205 705</b>		
6	As Filed Cost Center Costs (Routine & Special Srycs Combined)	FY12 C/R Audit Adjstmts	\$2,845,929	\$1,710,029	į.	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstitits FY12 Audited C/R	\$982,766 \$3,828,695	\$0 \$1,710,029	\$0 \$0	\$0 \$566,162	\$325,090 \$325,090	\$388,274 \$388,274	(\$28,856) \$515,177	\$25,705	\$298,258 \$298,258	\$0 \$0
8	Total Nursing Facility Days  As Filed Days = 27,516	FY12 Audited C/R Days	27,516	\$1,730,029	30	\$300,102	\$325,090	\$366,274	\$515,177	\$25,705	\$298,258	\$0
"	Total Nursing Facility Days GL-PL Ins, Rpt  As Filed Days = 27,518  As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days	27,316							26 624		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18,72	26,521 \$0,97	640.94	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12	<b>3 (33, 13</b>	1.1001	\$0.00	\$20.56	\$25,95	(With Lan)	\$10.72	\$0.91	\$10.84	\$0.00
11	·	Ln 9/Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$56.49	\$0.00	\$20.58	\$25.93		\$18.72	\$0.97	\$10.84	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71,51	\$0.00	\$29,15	\$23.93		\$20.56	\$0.00	\$10.64 N/A	\$0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0.00	\$20,58	\$23.09		\$18.72	\$0.00	10.26	\$0.00
'-	Dase t clied dase Mix Adjusted Allowed t et bleffi	20301010112010110	\$130.11	\$50.49	\$0.00	\$20.56	\$23,09		\$10.72	\$0.91	(FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(****)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.89	\$7.55	\$0.00	\$2,75	\$3.09	\$0.00	\$2.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.00	\$64.04	\$0.00	\$23.33	\$26.18	\$0,00	\$21.22	\$0.97	\$10.26	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9906								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 15	\$145.40	\$63.44	\$0.00	\$23.33	\$26.18	\$0,00	\$21.22	\$0.97	\$10.26	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,59	\$1.59	12.00	1	13.50		1		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.90	\$1.90								
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	\$21.71	\$4.02	\$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	\$167.11	\$67.46	\$0.00	\$23.55	\$26.18	\$0.00	\$38,69	\$0.97	\$10.26	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.51			1				I		LJ

	Provider: Warner Robins Rehab & Nursing Center	·	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (I	CMI) Data d Overall CMI:		Facility Specific 1,5459	State- wide
'	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19 Nurse Hours p		trly BIMS score		1.0%	Qrthy Mcaid	Quarterly	Medicaid CMI: Wght Options;		1,3459 1,3920 1,4139	1.3617 1.4820 1.4569
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	<b>b</b>	c	d	Million er Carrie	11500 <b>f</b> 1557 (5	g	g	h	<u>ligean</u> itiget
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37	And and an an an an an an an an an an an an an		
	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	\$6,541,365	\$3,069,052	\$0	\$662,018	\$347,953	\$450,378	\$1,243,288	\$132,171	\$636,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3,021	(\$129,469)		(\$57,815)	\$62,085
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days								39,637		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0,00	\$15,32	\$18.56	(with L&H)	\$25.72	\$3,33	\$13.36	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5459								
11		Ln 9 / Ln 10		\$45,20	***							
12	•	RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0,00	\$15.32	\$18.56		\$25.72	\$3.33	\$13.36	\$1.43
14	Per Diem Standards (After Statewide CMA for Routine Srvcs)  Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$112.68	\$71.51 \$45,20	\$0.00 \$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
'*	base Period Case wix Adjusted Allowed Per Dieffi	Lessel 01 &1 12 01 (11 13	\$112.00	\$45.20	\$0.00	\$15.32	\$18,56		\$20.56	\$3.33	8.28 (FRV)	\$1.43
	Quarterly Per Diem Rate Prior to Add-ons										, ,	
15	· —	Ln 14 x Grwth Allwnc %	\$13.32	\$6.04	\$0.00	\$2.05	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.00	\$51,24	\$0,00	\$17.37	\$21.04	\$0.00	\$23,31	\$3.33	\$8.28	\$1.43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4139								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18. AliOlhr≃ Ln 16	\$147.21	\$72,45 \$72,45	\$0.00	647.07	204.04	****	200.04	20.00	<b>4</b> 0.00	A
19	Guarterly Medicaid CMA Allowed Per Dieni	M3 - Dt 18, Allotti - Dt 16	5147.21	\$72.45	\$0.00	\$17,37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1,43
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd • Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$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	\$0.72	\$0.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.45	\$1,45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	<b></b>					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.43	\$2.70	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.64	\$75.15	\$0.00	\$17.59	\$21.45	\$0.00	\$40.41	\$3.33	\$8.28	\$1.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.91									

	Provider: Warrenton Health and Rehabilitation Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State₊ <u>wide</u>
1	Prvdr ID: 00142645A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1,3956	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	38.0%	2,5%	Quarterly Medicaid CMI;	1.6452	1,4820
1	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.51	3,0%	Ortrly Moaid CMI w RUG Wight Options:	1,6763	1,4569
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
0.00			а	ь	С	d	е	f	g	g	h in Joseph	1000
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	4,400.000.000.000.000.000.000.000.000.00		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$3,914,244	\$2,065,450	\$0	\$414,198	\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$0	\$0	(\$1,815)	\$0	(\$286)	(\$18,121)		(\$30,783)	\$32,246
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,895,485	\$2,065,450	\$0	\$412,383	\$270,244	\$290,823	\$489,995	\$14,765	\$319,579	\$32,246
8	Total Nursing Facility Days As Filed Days = 27,472	FY12 Audited C/R Days	27,472									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$141.83	\$75.18	\$0.00	\$15.01	\$20.42	(with L&H)	\$17.84	\$0.58	\$11,63	\$1.17
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.3956								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11,63	\$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	\$116.84	\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95	\$1.17
	Quadadu Bar Diam Pata Briar to Add one										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwac %	\$14,33	\$7,20	\$0.00	\$2,01	\$2.73	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.17	\$61,07	\$0.00	\$17.02	\$23,15	\$0.00	\$20.23	\$0.58	\$7.95	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	<b>\$151.17</b>	1.6763		411.02	\$20.10	00,00	220,20	\$0.00	Le, 1¢	91.17
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.47	\$102.37	\$0.00	\$17.02	\$23.15	\$0,00	\$20.23	\$0.58	\$7.95	\$1,17
	·											
	Quarterly Per Diem Add-on Amounts	Zana Marian Marian		47.50								
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	En 19 Col b x Sting Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	60.10	00.00	00.55		***	\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		\$24.26	\$6,16	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.73	\$108.53	\$0.00	\$17.24	\$23.56	\$0.00	\$37.70	\$0.58	\$7.95	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.72									

1	rovider: Washington County ECF rvdr ID: 00143481A Case Mix Per Diem Rate Effective Dat MDS & Nurse Hrs Data per Quarter Endin	e; 4/1/2020		owth Allowance; Qtrly BIMS score	34.9%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicald CMI;		Facility <u>Specific</u> 1,2193 1,1344 1,1510	State- wide 1,3617 1,4820 1,4569
Line #	•	Sources / Calculations	Totals	Routine Services	Special Services	Dietary d	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS		and the second	James D common		, u	**************************************		g	g	h	95000 <b>1</b> 0000
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,157	\$1,811,873	\$0	\$526,053	\$251,118	\$220,612	\$414,250	\$24,556	\$124,695	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261
8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 21,337	FY12 Audited C/R Days	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261
ľ	Total Nursing Facility Days As Filed Days = 21,337  Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days	21,174									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7/Ln 8 Col a	\$157.18	\$79.58	\$0.00	\$25.47	500.50	6.40.1.640	****	20,995		
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$157.16	1.2193	\$0,00	\$20.47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65,27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11. AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23,52		\$21.68	\$1,17	\$5,51	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Sives)	per Peer Group Limits		\$71.51	\$0.00	\$29.47	\$23.52		\$21.00	\$1.17	\$5,51 N/A	\$0.25
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.68	\$65.27	\$0.00	\$25,47	\$23.09		\$20.56	\$0.00	9.87	\$0.25
1	•		3140.00	\$00.27	\$0.00	\$25,47	\$23.05		\$20,50	\$1.17	9.07 (FRV)	\$0.25
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwing %	\$17.98	\$8.73	\$0.00	\$3,41	\$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	\$163,66	\$74.00	\$0.00	\$28.88	\$26.18	\$0.00	\$2,75	\$1.17	\$9.87	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	0100.00	1.1510	40.00	420.00	Q20.10	\$5.00	<b>\$25.51</b>	\$1.11	\$5,07	\$0,23
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$174.83	\$85,17	\$0.00	\$28.88	\$26.18	\$0.00	\$23,31	\$1.17	\$9.87	\$0,25
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,54	\$5.22	\$0.00	\$0.22	\$0,00	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.37	\$90.39	\$0.00	\$29.10	\$2 <del>6</del> .18	\$0.00	\$40.41	\$1.17	\$9.87	\$0.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135,20									

1	rovider. Waycross Health & Rehabilitation Center rvdr ID: 00143459A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			owth Allowance; krly BIMS score	32.7%	Add-on Percent 13.37% 2.5% 3.0%	<del>-</del>		d Overali CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2974 1.2811 1.2989	State- wide 1.3617 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
15,396			а	Marian business	C	े ् <b>त</b> ्र			g	g	h ji	2012 A <b>1</b> 200-22
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,407,600	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,947)	so	\$0	SO.	\$0	\$0	(\$16,433)	000,070	(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days # 26,933	FY12 Audited C/R Days	26,933						,	, ,	,,	• •
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$126.23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16.88	\$3.61	\$7,87	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50,94	\$0.00	\$15.80	\$15,26		\$16.88	\$3.61	\$7.87	\$0.72
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	\$110,66	\$50,94	\$0.00	\$15.80	\$15.26		\$16.88	\$3,61	7.45	\$0.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.22	\$6,81	\$0.00	\$2.11	\$2.04	\$0.00	\$2.26	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.88	\$57.75	\$0.00	\$17.91	\$17.30	\$0.00	\$19,14	\$3.61	\$7.45	\$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.2989	7 = 1		Ţ <b></b>	15.55	\$ 75,14		4,,70	45,12
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$141.14	\$75.01	\$0.00	\$17,91	\$17.30	\$0.00	\$19,14	\$3,61	\$7.45	\$0.72
	Quarterly Box Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts  Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see 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 Coi b x CPS Add-on	\$1.88	\$1.88	\$0,00	45.22	40.41	\$0.00	\$0,07		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stvcs)	Ln 19 Col b x Sting Add-on	\$2.25	\$2,25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.76	\$4.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$163.90	\$79.67	\$0.00	\$18.13	\$17.71	\$0.00	\$36.61	\$3.61	\$7.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110,10			1		L				

Pro	wider. WellStar Paulding Nursing Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Pn	rdr ID: 00142359A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,0621	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	45,5%	5.5%	Quarterly Medicaid CMI:	1,0068	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	4.06	3.0%	Qrtrly Meaid CMI w RUG Wight Options:	1.0169	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
場所			а	b b	C	d	е	f	g	g	h	7139/12/39
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts  As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$16,220,913	\$6,862,339	\$0	\$2,190,817	\$888,453	\$806,941	\$2,925,067	\$177,092	\$2,370,204	s:
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$332,707)	(\$313,898)	\$0	(\$2,116)	\$2,261	\$24,126	(\$43,080)	\$177,002	\$2,070,204	\$
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206	\$6,548,441	\$0	1	\$890,714	\$831,067	\$2,881,987	\$177,092	\$2,370,204	S
8	Total Nursing Facility Days As Filed Days = 63,718	FY12 Audited C/R Days	63,718				•			, ,	<b></b>	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,473	FY 18 GL-PL Ins Rpt Days								61,473		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$249,45	\$102,77	\$0.00	\$34.35	\$27.02	(with L&H)	\$45.23	\$2.88	\$37.20	\$0.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0621								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0,0
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	\$155.62	\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$2.88	8.43	\$0.0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$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	\$174.92	\$81.07	\$0.00	\$33,05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0,0
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.0169</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$176.29	\$82.44	\$0.00	\$33.05	\$26.18	\$0,00	\$23.31	\$2.88	\$8.43	\$0.0
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.53	\$4,53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sifng Add-on	\$2.47	\$2.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0,00						\$0,00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.00	\$7.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + l,n 24	\$183,29	\$89.44	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.0
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$137.47									

Facility Add-on Facility State-Westbury H & R - Conyers, Inc Provider: Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143503A Growth Aflowance: N/A 13,37% Base Period Overall CMI: 1.2886 1,3617 Case Mix Per Diem Rate Effective Date; Qtrly BIMS score 4/1/2020 48.6% 5,5% Quarterly Medicaid CMI: 1.5042 1,4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.68 3,0% Ortrly Moaid CMI w RUG Wight Options: 1.5333 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
			а	b	С	d		f	g	g	h	1
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,747,204	\$4,760,679	\$0	\$991,199	\$601,647	\$631,055	\$1,039,305	\$143,697	\$579,622	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$226,908)	(\$33,605)	\$0	\$906	\$466	(\$9,971)	(\$177,875)		(\$87,467)	\$80,638
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,520,296	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697	\$492,155	\$80,638
8	Total Nursing Facility Days As Filed Days = 55,567	FY12 Audited C/R Days	55,567									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY 18 GL-PL Ins Rpt Days								56,920		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153.26	\$85.07	\$0.00	\$17.85	\$22,01	(with L&H)	\$15.50	\$2.52	\$8,86	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2886</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8,86	\$1.4
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	\$135.25	\$66,02	\$0,00	\$17.85	\$22.01		\$15.50	\$2.52	9.90	\$1.4
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16,23	\$8,83	\$0,00	\$2.39	\$2.94	\$0.00	\$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.48	\$74.85	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9,90	\$1.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5333</u>								
18	Qrtriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$191.40	\$114.77	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9.90	\$1.4
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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)	£л 19 Col b x CPS Add-on	\$6.31	\$6,31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.38	\$10,28	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Lπ 24	\$219.78	\$125.05	\$0.00	\$20,46	\$25,36	\$0.00	\$35.04	\$2.52	\$9.90	\$1.4
								1	!	L		l

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$152.01

(Ln 25 - Ln 23) \* 0.75

	Provider:	Westbury H & R-McDonough, Inc		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide_
ļ	Prvdr ID:	00143525A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1.2827	1,3617
١		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	47.9%	5.5%	Quarterly Medicaid CMI:	1.3701	1,4820
١		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.81	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3958	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
49.55			8	b	С	đ	е	39899 <b>1</b> 65843	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											***************************************
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,627,469	\$4,495,983	\$0	\$1,108,982	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,418,244	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
8	Total Nursing Facility Days As Filed Days ≈ 54,323	FY12 Audited C/R Days	54,323									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days								52,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln B Col a	\$155.06	\$83.04	\$0,00	\$20.44	\$22.19	(with L&H)	\$14.03	\$2.45	\$11.55	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2827								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0,00	\$20,44	\$22.19		\$14.03	\$2.45	\$11.55	\$1.36
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	\$132.60	\$64.74	\$0,00	\$18.41	\$22.19		\$14.03	\$2,45	9.42	\$1.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.97	\$8.66	\$0.00	\$2.46	\$2.97	\$0.00	\$1.88	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.57	\$73.40	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9.42	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3958								
18	Ortriy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.62	\$102.45	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9,42	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Ahvd] 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	\$5.63	\$5.63							33,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$3.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.11	\$9.23	\$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	\$204.73	\$111.68	\$0.00	\$20.87	\$25.57	\$0.00	\$33.38	\$2.45	\$9.42	\$1,36
					L	L			L	<u> </u>		<u> </u>

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$140.72

(Ln 25 - Ln 23) \* 0.75

Facility Add-on Facility State-Westbury Medical Care Home, Inc. Provider: Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143514A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.1885 1.3617 Case Mix Per Diem Rate Effective Date: Qtrly BIMS score 4/1/2020 45.4% 5.5% Quarterly Medicaid CMI: 1,4846 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,0% Ortrly Moaid CMI w RUG Wght Options: 3.81 1.5132 1,4569

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	е	76.76 <b>f</b> 200	g	g	h	(3991 to 0 to
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$8,695,334	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmls	(\$195,781)	(\$3,438)	\$0	\$0	(\$8,951)	(\$18,225)	(\$158,938)		(\$97,556)	\$91,327
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306	\$497,168	\$1,093,721	\$142,847	\$231,502	\$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GtPL Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL ins Rpt Days								67,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15,93	\$2.11	\$3.37	\$1.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1885</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$58.53	\$0.00	\$14.62	\$16,89		\$15.93	\$2.11	\$3.37	\$1,33
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	\$120,20	\$58,53	\$0,00	\$14.62	\$16.89		\$15.93	\$2,11	10,79	\$1.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.17	\$7.83	\$0.00	\$1.95	\$2.26	\$0.00	\$2.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.37	\$66.36	\$0,00	\$16.57	\$19.15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.5132						•		,
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$168.43	\$100.42	\$0.00	\$16.57	\$19.15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$5.52	\$5.52	1		132.11	12.00	72.07		+3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	\$3.01								
23	Nursing Hame Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.16	\$9,06	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.59	\$109.48	\$0.00	\$16.79	\$19,56	\$0.00	\$35.53	\$2.11	\$10.79	\$1,33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.87									I

1	rovider: Westminister Commons rvdr ID: 00140082A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20		vth Allowance: rly BIMS score		Add-on Percent 13.37% 2.5% 2.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1,3564 1,3126 1,3316	State- wide 1.3699 1.4569 1.4820
Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASSEMILY PASSED DATE ON OUR ATTOMS		a	<u>ь</u>	<u> </u>	<u>d</u>	<u>е</u> 1	<u>f</u>	g	9	h	i
	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	so	\$0	\$0	so	\$0	(\$109,588)		(\$65,969)	\$65,969
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,524,919	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110	FY13 Audited C/R Days	27,110									,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY 18 GL-PL Ins Rpt Days								26,912		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$166.94	\$79,02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	\$4.30	\$18.28	\$2.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3564</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,26							L	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58,26	\$0.00	\$13.78	\$20.51		\$28.62	\$4,30	\$18.28	\$2.43
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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$130.55	\$58,26	\$0.00	\$13.78	\$20,51		\$23.46	\$4.30	7.81 (FRV)	\$2.43
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.51	\$7.79	\$0,00	\$1.84	\$2.74	\$0,00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146,06	\$66,05	\$0.00	\$15.62	\$23.25	\$0.00	\$26.60	\$4.30	\$7.81	\$2,43
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3316			1	44.00	420.00	44.00	37.01	92,40
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.96	\$87.95	\$0.00	\$15.62	\$23.25	\$0.00	\$26.60	\$4.30	\$7.81	\$2.43
1	Quarterly Per Diem Add-on Amounts			1								
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	\$2.20	\$2.20							-	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,22	\$4.49	\$0,00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.18	\$92.44	\$0.00	\$15.84	\$23,66	\$0.00	\$43.70	\$4,30	\$7.81	\$2.43
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.81							· · · · · · · · · · · · · · · · · · ·		

Facility Add-on State-Facility Westview Nursing & Rehab Center Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143536A Growth Allowance; N/A 13,37% Base Period Overall CMI: 1,3807 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 33.9% 2.5% Quarterly Medicaid CMI: 1,6395 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 2.94 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.6702 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	Properly and Related	Taxes and Insurance
11.00			a	b	С	d	е	og of Section	g	g	1874 year, <b>h</b> aga 974 t	aaaginga
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367	\$1,800,265	\$0	\$374,449	\$236,795	\$228,123	\$614,543	\$83,198	\$187,994	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,818)	\$0	\$0	\$0	(\$1,235)	(\$1,189)	(\$92,415)		(\$34,176)	\$33,197
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,429,549	\$1,800,265	\$0	\$374,449	\$235,560	\$226,934	\$522,128	\$83,198	\$153,818	\$33,197
8	Total Nursing Facility Days As Filed Days = 27,760	FY12 Audited C/R Days	27,760									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.67	\$64,85	\$0,00	\$13.49	\$16.66	(with L&H)	\$18.81	\$3.12	\$5.54	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3807								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9/Ln 10	ļ	\$46.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46,97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5.54	\$1.20
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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 Diern	Lesser of Ln 12 or Ln 13	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18,81	\$3.12	11.14	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.82	\$6.28	\$0,00	\$1,80	\$2.23	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124,21	\$53.25	\$0.00	\$15.29	\$18,89	\$0.00	\$21.32	\$3.12	\$11,14	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6702								,
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159,90	\$88.94	\$0.00	\$15.29	\$18,89	\$0,00	\$21.32	\$3.12	\$11,14	\$1.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$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	\$2.22	\$2.22							7	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.52	\$5.42	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + En 24	\$183.42	\$94.36	\$0,00	\$15.51	\$19.30	\$0.00	\$38.79	\$3.12	\$11.14	\$1.20
									I	ı		

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$124.74

(Ln 25 - Ln 23) \* 0,75

# Quarterly Case Mix Per Diem Rate Calculations

#### FINAL

Provider: Westwood Nursing Center Prodr (D: 00370862A H/B 7: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurse Hou		ta and Percentages Growth Allowance: BIMS Day/Quality Incentive:		Add-on Percent 13.37% 2.5% 2.0%	_ Qrtriy		riod Overall CMI: ly Medicaid CMI:		Facility Specific 1,3746 1,5306 1,5532	State- wide 1,3617 1,4347 1,4593
ine   Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
OAOT HIV BASED DATE OAL GUL ATIONS		a	b	c	đ	e	ſ	g		h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups per Selected Options		1 [	1	1	2	1	1	1			i
Type of Facility within Peer Group		] [	All Facilities		Freestanding		All Facilities	All Facilities			i
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			ĺ
Peer Group Standards & Efficiency Measure Limits		[			İ						i
Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			i
Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105,0%			i
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			i
Base Period Per Diem Allowed Amounts											i
Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,41
Inflation (July 2012) @ 2.06%		i	23,418		4,801	5,817		6,773			51
Patient Days	FY 2010 Cost Rpt		19,770		19,770	19,770		19,770		19,770	19,770
Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								12,944	i	i
Inflated NHC/ Patient Days		İ	58,69		12.03	14.58		16.97	3.64	15.99	0.13
Base Period Facility CMI for all Residents		i i	<u>1.3746</u>					}			
Routine Services Case Mix Adjusted Net Per Diem			\$42.69								i
Net Per Diems After Case Mix Adjustments		\$106,03	\$42.69	İ	\$12.03	\$14,58		\$16.97	\$3.64	\$15.99	0.13
Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			i
Base Period Case Mix Adjusted Allowed Per Diem		\$99.11	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	9,07	0.12
Quarterly Per Diem Rate Prior to Add-Ons		l i								(FRV Rate)	
Growth Allowance 13,37%		\$11.53	\$5.71		\$1.61	\$1.95		\$2.27		, i	į
CMA Allowed Per Diem After Growth Allowance		\$110.64	\$48.40		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.13
Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.5532</u>								
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$75.17					1			i
Quarterly Medicaid CMA Allowed Per Diem		\$137.42	\$75.17		\$13.64	\$16.53		\$19.24	\$3,64	\$9.07	\$0.12
Quarterly Per Diem Add-On Amounts											
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			ı
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$1.88	1.88								ı
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.50	1.50	1							ı
Nursing Home Provider Fee		\$ 17.10						S 17.10	Į		ı
Total Quarterly Per Diem Add-On Amounts		\$22,01									ı
Quarterly Case Mix Based Per Diem Rate		\$159.43	\$79.08		\$13.86	\$16,94		\$36.71	\$3.64	\$9.07	\$0.12

Facility Add-on Facility State-Wildwood Health Care, Inc. Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific \_\_wide Prvdr ID; 00143547A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.3013 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 46.4% 5.5% Quarterly Medicaid CMI: 1,6181 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3.52 3.0% Ortrly Moaid CMI w RUG Wight Options: 1,6477 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
1000			а	b	C	d	е	25.00 <b>(</b> 1.00 0)	g	g	h	Transfil Bereit
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			AAAAAAAAAAAAAAAAAAAAAAAAaaaaaaaaaaaaaa
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$2,109,487	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days								15,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.81	\$72.13	\$0.00	\$18.36	\$21,55	(with L&H)	\$20.10	\$0.58	\$1.29	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3013								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$55.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55.43	\$0.00	\$18.36	\$21,55		\$20.10	\$0.58	\$1.29	\$0.80
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	\$126.05	\$55.43	\$0,00	\$18.36	\$21.55		\$20,10	\$0.58	9.23	\$0,80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$15.43	\$7.41	\$0,00	\$2,45	\$2.88	\$0.00	\$2.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.48	\$62.84	\$0.00	\$20.81	\$24.43	\$0.00	\$22,79	\$0,58	\$9.23	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.6477							,	•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103,54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.18	\$103.54	\$0.00	\$20,81	\$24.43	\$0.00	\$22.79	\$0.58	\$9,23	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5,69	\$5.69	12,00	10-		1	45.04		\$3,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	En 19 Col b x Sting Add-on	\$3,11	\$3,11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.22	\$9.33	\$0.00	\$0.04	\$0.41	\$0.00	\$17.44	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.40	\$112.87	\$0.00	\$20,85	\$24.84	\$0.00	\$40.23	\$0.58	\$9.23	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.23			L		1	<u> </u>			1
		\ \	4144.20									

### Quarterly Case Mix Per Diem Rate Calculations

#### FINAL

The state of the s									·····		
Provider: Willowwood Nursing Center		Add-on Da	la and Percentages	Facility Score	Add-on Percent		Case_Mix Inde	x (CMI) Data		Facility Specific	State- wide
Prvdr ID: 00271829A			Growth Allowance:	N/A	13.37%	-	Base Pe	riod Overall CMI:		1,1879	1,3617
H/B ?: No Case Mix Per Diem Rate Effective Date:	04/01/20		BIMS		2.5%		Quarte	rly Medicaid CMI:		1.6947	1.4446
MDS & Nurse Hrs Data per Quarter Ending:	12/31/19 Nurse Hou	ırs per On-Site	Day/Quality Incentive:	2.71	2.0%	Qrtrly	Mcaid CMI w Ru	G Wght Options:		1,7259	1.4694
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		а '	ь	c	đ	е	ſ	g		h	i
Cost Center Peer Groups per Selected Options		<b>!</b> !		1 .							
Type of Facility within Peer Group				1	2	1	1	1			
			All Facilities				All Facilities	All Facilities			1
Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			1
Peer Group Standards & Efficiency Measure Limits		}									
Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts											!
Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,595,445		413,205	205,765	267,259	616,206	78,669	380,009	18,5
Inflation (July 2012) @ 2,06%			32,866		8,512	9,744	·	12,694		,	38
Patient Days	FY 2010 Cost Rpt		35,750		35,750	35,750		35,750		35,750	35,75
Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days				·				31,254	00,100	"
Inflated NHC/ Patient Days			45.55		11.80	13.50		17.59	2.52	10.63	0.5
Base Period Facility CMI for all Residents			<u>1.1879</u>			, , , ,		11.55		10.00	<i>y.</i> .
Routine Services Case Mix Adjusted Net Per Diem			\$38,34								1
Net Per Diems After Case Mix Adjustments		\$94.91	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	\$10.63	0.
Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80	V2.52	\$10.03	0
Base Period Case Mix Adjusted Allowed Per Diem		\$92.28	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	7,99	0.5
Quarterly Per Diem Rate Prior to Add-Ons		*****	000.04		011.00	313.50		311.35	\$2.52		U,:
Growth Allowance 13.37%		\$10.86	\$5.13		\$1.58	\$1,81		\$2.35		(FRV Rate)	
CMA Allowed Per Diem After Growth Allowance		\$103.13	\$43.47		\$13.37	\$15.31		\$19.94	\$2,52	\$7.99	<b>^</b>
Quarterly Facility Case Mix Index for Medicaid Residents		0.00.10	1.7259		\$13,37	\$10.51		\$19.94	\$2.52	57.99	\$0.5
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$75.02								
Quarterly Medicaid CMA Allowed Per Diem		\$134.69	\$75.02	1	\$13,37	\$15.31		540.54	0.55		
Quarterly Per Diem Add-On Amounts		\$104.05	\$13,02		\$13,37	\$10.31		\$19.94	\$2.52	\$7.99	\$0.5
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53	1	\$0.22	50.44					
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$1.88	1.88	1	30.22	\$0.41		\$0.37			
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.50	1.50								
Nursing Home Provider Fee		\$ 17.10	1,50								
Total Quarterly Per Diem Add-On Amounts		\$ 17.10						\$ 17.10			
Quarterly Case Mix Based Per Diem Rate		\$156.70	\$78.93	<b>_</b>	640.55	845 55					
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$104.70	\$100.70	\$18.93	-	\$13.59	\$15.72		\$37.41	\$2.52	\$7.99	\$0.5

Facility Add-on Facility State-Windemere Health & Rehab Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific \_\_wide\_ Prvdr ID: 00241678A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.5761 1,3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 38.7% 2.5% Quarterly Medicaid CMI: 1.7402 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 2.0% Orthy Moaid CMI w RUG Wight Options: 3,50 1,7721 1.4569

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Properly and Related h	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS		, a	Antonios V Santonios		a programme de la companya de la com			9	y		
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$5,691,497	\$3,243,931	\$0	\$613,683	\$206,128	\$279,704	\$1,067,395	\$3,884	\$276,772	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs  Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	1		(\$58,352)	\$50,356
8	Total Nursing Facility Days  As Filed Days = 40,515	FY12 Audited C/R Days	\$5,625,006 40,515	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL ins Rpt Days	40,515									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$138,84	\$80.07	\$0.00	\$15,15	\$11.51	(with L&H)	\$25.38	38,159	\$5,39	24.04
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$150.04	1.5761	\$0.00	\$15,15	\$11.51	(wan real)	\$23.30	\$0.10	\$0.59	\$1,24
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$50.80	\$0,00	\$15,15	\$11,51		\$25.38	\$0,10	\$5,39	\$1,24
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	\$1,24
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108.68	\$50.80	\$0,00	\$15,15	\$11.51		\$20.56	\$0.10	9.32	\$1.24
										,	(FRV)	, ,,,,,,
40	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	240.44	40.70								
15 16	Growth Allowarce Percentage = 13.37%	Ln 14 x Giwui Aliwiic %	\$13.11	\$6.79	\$0,00	\$2.03	\$1.54	\$0,00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$121.79	\$57.59	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
18	Qridy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		<u>1.7721</u> \$102.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166,26	\$102,06	\$0,00	\$17.18	\$13,05	\$0.00	\$23,31	\$0.10	\$9.32	\$1.24
"	againary medicala GNA Allowed Fel Bigit	7.5 · Lii 15,7 Lioqii = 2,7 (5	\$100,20	\$102.00	00,00	\$17.10	\$15.05	\$0.00	\$23,31	\$0.10	\$9.32	\$1.24
	Quarterly Per Diem Add-on Amounts								ļ			
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see 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	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sivcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$5.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.11	\$107.18	\$0,00	\$17.40	\$13.46	\$0.00	\$40.41	\$0.10	\$9,32	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.01									

	Provider:	Winder Nursing, Inc.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID:	00142854A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,3615	1.3617
		Case Mix Per Diem Rate Effective Date:	4/1/2020	Qtrly BIMS score	29.9%	1.0%	Quarterly Medicaid CMI:	1,4606	1.4820
		MDS & Nurse Hrs Data per Quarter Ending:	12/31/19	Nurse Hours per On-Site Day/Quality Incentive:	2.75	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1,4879	1.4569
L									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
300			а	Also (Cib en Se	C	d	e	0,000 <b>f</b> (55/4)	g	g	h	Besself Health
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Pacility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,471,546	\$4,058,730	\$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118,089	\$540,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)		(\$18,805)	\$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	\$4,026,103	\$0	\$827,505	\$350,584	\$547,163	\$974,097	\$118,089	\$521,360	\$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audiled C/R Days	53,832									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days								46,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.51	\$74.79	\$0,00	\$15.37	\$16.68	(with L&H)	\$18.10	\$2.52	\$9.68	\$0.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3615								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.93	\$0.00	\$15.37	\$16.68		\$18,10	\$2.52	\$9.68	\$0,37
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 En 12 or En 13	\$119.13	\$54.93	\$0.00	\$15,37	\$16.68		\$18,10	\$2.52	11,16	\$0.37
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	I Total Control of the Control of th	Ln 14 x Grwth Allwinc %	\$14.04	\$7.34	\$0.00	\$2.05	\$2.23	\$0.00	\$2,42	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.17	\$62.27	\$0.00	\$17.42	\$18.91	\$0.00	\$20.52	\$2.52	\$11.16	\$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	0,00.11	1.4879		V17,42	\$10.51	Ψ0.00	\$20.02	<b>92.32</b>	\$11.10	\$0.37
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$163,55	\$92.65	\$0.00	\$17.42	\$18,91	\$0.00	\$20.52	\$2,52	\$11.16	\$0.37
										,	•	
-00	Quarterly Per Diem Add-on Amounts	65.5. 115										
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see 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 Ln 19 Col b x Sting Add-on	\$0.93	\$0,93								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)  Nursing Home Provider Fee	LR 19 Col b x Sting Add-on (Fixed Amount)	\$2.78	\$2.78								
23	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17,10	64.04	60.00	60.55		•••	\$17.10			
			\$22.34	\$4.24	\$0,00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.89	\$96.89	\$0.00	\$17.64	\$19.32	\$0.00	\$37.99	\$2.52	\$11.16	\$0.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.59									
	1	1										

Facility Add-on Facility State-Winthrop Manor Nursing Center Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00143118A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3379 1.3617 Case Mix Per Diem Rate Effective Date: 4/1/2020 Qtrly BIMS score 29.4% 1,0% Quarterly Medicaid CMI: 1.4693 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive: 3,0% 3.25 Ortrly Moaid CMI w RUG Wight Options: 1.4945 1.4569

Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	e	WEEK FRANK	g	g	gjyngitti <b>h</b> gas haj ti	giji gaja <b>i</b> pies
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5 6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$5,202,364 (\$24,426)	\$2,864,962 \$0	\$0 \$0	\$524,768 \$0	\$373,839 \$227	\$279,989 \$0	\$656,993 (\$24,653)	\$95,369	\$406,444 (\$33,959)	\$0 \$33,959
7 8	Cost Center Costs After Audit Adjustments  Total Nursing Facility Days  As Filed Days = 35,374	FY12 Audited C/R FY12 Audited C/R Days	\$5,177,938 35,374	\$2,864,962	\$0	\$524,768	\$374,066	\$279,989	\$632,340	\$95,369	\$372,485	\$33,959
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days								33,215		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs  Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln B Col a from 4 qtrs of FY12	\$146.55	\$80.99 <u>1.3379</u>	\$0.00	\$14.83	\$18.49	(with L&H)	\$17.88	\$2,87	\$10.53	\$0.96
11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem  Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AllOlhr = Ln 9		\$60.53								
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$60.53 \$71,51	\$0.00 \$0.00	\$14.83 \$18.41	\$18.49		\$17.88	\$2.87	\$10.53	\$0.96
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.82	\$60.53	\$0,00	\$18.41	\$23,09 \$18,49		\$20,56 \$17.88	\$0.00 \$2.87	N/A 10.26	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8.09	\$0.00	\$1.98	\$2.47	\$0,00	\$2.39	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)  Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$140.75	\$68.62 <u>1.4945</u>	\$0.00	\$16.81	\$20.96	\$0.00	\$20.27	\$2.87	\$10,26	\$0.96
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$174,68	\$102.55 \$102.55	\$0.00	\$16,81	\$20.96	\$0.00	\$20.27	\$2.87	\$10,26	\$0.96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.42	\$107.19	\$0.00	\$17.03	\$21.37	\$0.00	\$37.74	\$2.87	\$10.26	\$0.9
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.24									

Provider, Prvdr ID:	Wood Dale Health ( 00143591A	Care Center  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	4/1/2020 12/31/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 41,9% 2.30	Add-on Percent 13.37% 2.5% 1.0%	Case Mix Index (CMI) Data  Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Meaid CMI w RUG Wght Options;	Facility <u>Specific</u> 1,2524 1,3495 1,3716	State- wide 1,3617 1,4820 1,4569
				Routine	Special		Laundov & Plant Admin Asc. C	Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
10000			а	(11876) <b>b</b> (11876)	C	d	е	Start Start	g	g	h	Allino, Laipe.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,219,033	\$2,417,583	\$0	\$472,033	\$287,471	\$253,518	\$474,971	\$8,205	\$305,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)		(\$683)	\$2,386
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,201,966	\$2,417,583	\$0	\$470,330	\$287,471	\$253,518	\$457,904	\$8,205	\$304,569	\$2,386
8	Total Nursing Facility Days As Filed Days = 29,208	FY12 Audited C/R Days	29,208		ļ							
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 29,114	FY 18 GL-PL Ins Rpt Days								29,114		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$143.86	\$82.77	\$0.00	\$16,10	\$18.52	(with L&H)	\$15.68	\$0.28	\$10.43	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2524</u>							and the state of t	
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 = £n 11, AllOthr = £n 9		\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	\$10,43	\$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	\$126.39	\$66,09	\$0.00	\$16.10	\$18,52		\$15.68	\$0.28	9.64	\$0,08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage # 13,37%	Ln 14 x Grwth Allwinc %	<b>\$15.57</b>	\$8,84	\$0,00	\$2,15	\$2,48	\$0.00	\$2,10	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.96	\$74.93	\$0.00	\$18.25	\$21,00	\$0.00	\$2.10	\$0.28	\$9.64	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.50	1.3716	\$0.00	\$10.20	\$21,00	\$0.00	\$17.70	\$0.20	\$9.04	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102,77								-
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$169.80	\$102.77	\$0,00	\$18.25	\$21.00	\$0.00	\$17.78	\$0.28	\$9.64	\$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)	\$1,53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (Io Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57	\$5,00	VU.ZZ	<b>40.41</b>	\$5,00	¥0.57		50,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$1.03	\$1.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.23	\$4,13	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.03	\$106.90	\$0.00	\$18.47	\$21.41	\$0.00	\$35.25	\$0.28	\$9,64	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.20			<u> </u>				II		
L	-											

\$17.10

\$17.47

\$36.48

\$0.00

\$0.53

\$0.00

\$5.15

\$0.00

\$1.29

\$0.00

\$0.00

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

					Facility	Add-on					Facility	State-
1	Provider: Woodlands Health & Rehab Ctr.		Add-on Data and	Percentages	Score	Percent	Cas	e Mix Index (C	MI) Data		<u>Specific</u>	wide
	Prvdr ID: 00141985A		Gro	owth Allowance:	N/A	13.37%		Base Period	Overall CMI:		1.1917	1.3617
	Case Mix Per Diem Rate Effective Date:	4/1/2020	Q	trly BIMS score	28.1%	1.0%		Quarterly N	Medicaid CMI:		1.0940	1.4820
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q			3.0%	Ortrly Mcaid	CMI w RUG V			1.1077	1.4569
				,			_,,		· 9··· - p······			
				5 "				Plant	Admin	440 OL BI	Property	Taxes
Lin	ne Danaistica	Sources /	Totals	Routine	Special	Dietary	Laundry &	Operatns	and	A&G- GL-PL	and	and
#	# Description	Calculations		Services	Services	,	Houskpng	& Maint	General	Insurance	Related	Insurance
			а	b	С	d	е	f	q	q	h	i
	CASE MIX BASED RATE CALCULATIONS											
1	1 Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	(**************************************		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	, and the second	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts	(**************************************		,	,	, -	, -		, , ,			
5	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,762,052	\$1,272,623	\$0	\$311,916	\$156,979	\$216,758	\$457.187	\$22,007	\$324,582	\$0
6		FY12 C/R Audit Adjstmts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	\$28,457
7	7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,677,107	\$1,272,623	\$0	\$311,916	\$156,560	\$219,843	\$370,367	\$22,007	\$295,334	\$28,457
8	•	FY12 Audited C/R Days	22,087	, , , , , , , , , , , , , , , , , , , ,		, , ,	*,			, , , , , ,	*,	, ,, ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days	, , , ,							41,847		
9	, , ,	Ln 7 / Ln 8 Col a	\$120.74	\$57.62	\$0.00	\$14.12	\$17.04	(with L&H)	\$16.77	\$0.53	\$13.37	\$1.29
10		from 4 qtrs of FY12	,	1.1917	, , , , , ,	,		, ,	, ,	, , , , , ,	,	, ,
11		Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.37	\$1.29
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	14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.87	\$6.46	\$0.00	\$1.89	\$2.28	\$0.00	\$2.24	N/A	N/A	N/A
16	16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.12	\$54.81	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5.15	\$1.29
17	17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1077</u>								
18	18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.71		1						
19	19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$122.02	\$60.71	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5.15	\$1.29
	Quarterly Per Diem Add-on Amounts					1						
20	20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.61	\$0.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.82	\$1.82		1						
22	Nursing Home Broyider Fee	(Fixed Amount)	¢17.10	l				1	¢17.10	1		

\$17.10

\$21.06

\$143.08

\$147.00

\$97.43

\$94.49

\$2.96

\$63.67

\$0.00

\$0.00

\$0.22

\$16.23

\$0.41

\$19.73

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) \* 0.75

(Ln 27 - Ln 23) \* 0.75

23

24

26

Nursing Home Provider Fee

25 Quarterly Case Mix Based Per Diem Rate

Total Quarterly Per Diem Add-on Amounts

27 Minimum Quarterly Case Mix Based Per Diem Rate

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: Woodstock Nursing and Rehab Center rvdr ID: 00171212A  Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	any citie conc			36.1%	<u>Percent</u> A 13.37% 1% 2.5%		e Mix Index (0 Base Period Quarterly ( CMI w RUG )	Facility <u>Specific</u> 1.5030 1.7189 1.7496	State- wide 1.4014 1.4569 1.4820		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			<u>a</u>	b	C C	d	е	f	9		h	i
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$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	\$4,660,444	\$2,454,523	so	\$361,256	\$172,432	\$210,220	\$771.588	\$202,899	\$487.526	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$41,721)	(\$7,343)	so.	\$0	\$6,537	\$8,304	(\$67,698)		(\$358)	\$18,83
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,83
8	Total Nursing Facility Days As Filed Days = 22,894	FY14 Audited C/R Days	22,894								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30.75	\$4.54	\$21,28	\$0.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5030								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AllOthr = Ln 9	1	\$71.12	\$0.00	\$15.78	\$17.36		\$30.75	\$4.54	\$21.28	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Sives)	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  Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$142,54	\$71.12	\$0.00	\$15.78	\$17.36		\$24.02	\$4,54	8.90 (FRV)	\$0.82
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17,15	\$9,51	\$0.00	\$2.11	\$2.32	\$0,00	\$3,21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$159.69	\$80.63	\$0.00	\$17.89	\$19.68	\$0.00	\$27.23	\$4.54	\$8,90	\$0.82
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		1.7496			410.00	00.00	<b>\$27.25</b>	94.54	\$6.55	\$0.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$141.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.13	\$141.07	\$0,00	\$17.89	\$19.68	\$0.00	\$27.23	\$4,54	\$8.90	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.53	\$3.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Coi b x Stfng Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,61	\$6.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$9.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$244.74	\$147.95	\$0.00	\$18.11	\$20.09	\$0.00	\$44.33	\$4.54	\$8.90	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$170.73									

Facility Add-on Facility State-Wrightsville Manor Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific | wide 00143602A Prvdr ID: Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2201 1.3517 Case Mix Per Diem Rate Effective Date; 4/1/2020 Qtrly BIMS score 43.0% 2.5% Quarterly Medicald CMI: 1,6849 1.4820 MDS & Nurse Hrs Data per Quarter Ending: 12/31/19 Nurse Hours per On-Site Day/Quality Incentive; 3.62 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.7174 1.4569

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASSE MIN PAGED DATE OALONG ATIONS		а	b	C	d	е	reference	g	g	699 Spreed <b>h</b> imite nitte	
5	ASE MIX BASED RATE CALCULATIONS								İ			1
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,150,140	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$477,182	\$122,740	\$398,453	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,048,805	\$2,168,346	\$0	\$499,164	\$248,106	\$236,149	\$376,201	\$122,740	\$371,954	\$26,145
8	Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$121.35	\$64,95	\$0.00	\$14.95	\$14.51	(with L&H)	\$11.27	\$3.75	\$11.14	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2201								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = Ln 9		\$53.23	\$0.00	\$14,95	\$14.51		\$11.27	\$3.75	\$11.14	\$0,78
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$108.50	\$53,23	\$0.00	\$14.95	\$14,51		\$11.27	\$3.75	10,01	\$0.78
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.57	\$7.12	\$0.00	\$2.00	\$1,94	\$0,00	\$1.51	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.07	\$60.35	\$0.00	\$16,95	\$16.45	\$0.00	\$12.78	\$3,75	\$10.01	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7174</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.37	\$103.65	\$0.00	\$16.95	\$16,45	\$0.00	\$12.78	\$3.75	\$10.01	\$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59			,	,			7	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sling Add-on	\$3.11	\$3.11		Prophetical						
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.70	\$109.88	\$0.00	\$17.17	\$16.86	\$0.00	\$30.25	\$3.75	\$10.01	\$0.78
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128,70		1	l				ł		<b>I</b>

# Quarterly Case Mix Per Diem Calculation

### FINAL

Provider: Wynfield Park Health & Rehab Prvdr ID: 00141512A H/8 ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nurs		ata and Percentages Growth Allowance; BIMS: Day/Quality Incentive:	Facility Score N/A 32.0% 3.15	Add-on Percent 13.37% 2.5% 2.0%		Quarter	(CMI) Data iod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1,2181 1,4248 1,4458	State- wide 1,3617 1,4347 1,4593
ine Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		<u>a</u>	b	С	d	e	<u>. f</u>	g		h	ì
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$153.75 \$16.97 \$173.51	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.4458 \$111.34	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 176,326 63,305 \$ 2.79	\$25.6: \$25.6: \$25.63 (FRV Rate)	3 \$1.2
Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts		\$207.84	\$111.34		\$19.83	\$24.87		\$22.14	\$2.79	\$25,63	\$1.23
BIMS Add-on Per Diem = 2.5% to Routine Srvs)  Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%  Nursing Home Provider Fee  Total Quarterly Per Diem Add-On Amounts		\$2.78 \$2.23 \$17.10 \$22.11	\$2.78 \$2.23					17.10	A COMPANY OF THE PARTY OF THE P		
Quarterly Case Mix Based Per Diem Rate		\$229.95	\$116.35		\$19.83	\$24.87		\$39.24	\$2.79	\$25,63	51.23
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$159.64										1

# Quarterly Case Mix Per Diem Calculation

#### **FINAL**

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	04/01/20 12/31/19 Nu		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 30.6% 3.54	Add-on Percent 13,37% 2.5% 3.0%		Quarter	(CMI) Data iod Overall CMI: iy Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.3636 1.3859	State- wide 1.3617 1.4347 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
		<u>a  </u>	<u>b</u>	C	d	· e	f	g	1	h	1 i
CASE MIX BASED RATE CALCULATIONS  Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13,4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$168.52 \$16.97 \$188.48 \$218.19 \$2.67 \$3.20 \$17.10 \$22.97	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53  \$71.51 \$67.93 \$9.08 \$77.01 1.3859 \$106.73 \$106.73	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$2.99	\$36.35 \$36.35 \$36.35 (FRV Rate) \$36.35	\$5.28 \$5.28 \$5.28
		\$241.16	\$112,60		\$19.83	\$24.87		\$39.24	\$2.99	\$36.35	\$5.28
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$168.05										1