

Department of Community Health
Nursing Facility Services
Reimbursement Rates
Effective July 1, 2019

Provider Number	Provider Name	Revised Rate Effective 07/01/2019 Loc (S)	Revised Rate Effective 07/01/2019 LOC (M)	Revised Leave/BH Rate Effective 07/01/2019 LOC (L)
00493292A	A.G. Rhodes Home - Cobb, Inc.	248.89		173.84
00040818A	A.G. Rhodes Home at Wesley Woods, Inc.	239.37		166.70
00140005A	A.G. Rhodes Home, Inc.	235.45		163.76
00083025A	Abercorn Rehabilitation Center	199.25		136.61
003185378A	Advanced Health and Rehab of Twiggs County	215.91		149.11
00140027A	Altamaha Healthcare Ctr.	150.71		100.21
00140049A	Amara Healthcare & Rehab.	171.17		115.55
00140379A	Anderson Mill Health & Rehab	198.56		136.10
003136416A	Ansley Park Health & Rehab Center	254.90		178.35
00140093A	Appling Nursing and Rehab Pavillion	215.46		148.77
003185502A	Archway Transitional Care Center	230.62		160.14
00143162A	Arrowhead Healthcare	196.70		134.70
00140159A	Autumn Breeze Health Care Ctr	188.86		128.82
00142084A	Avalon Hlth. & Rehab	223.59		154.87
00059441A	Azalea Health & Rehab	173.38		117.21
00141963A	Azalea Health & Rehabilitation	181.97		123.65
00141886A	Azalea Trace Nursing Home	209.08		143.99
00141237A	Azalealand Nursing Home	241.12		168.01
00258915A	Bainbridge Health Care	171.76		116.00
00140203A	Baptist Village, Inc.	211.16		158.37
00624951A	Bayview Nursing Home	199.89		137.09
00143382A	Berrien Nursing Center	190.49		130.04
00142722A	Blue Ridge Healthcare of Buchanan	184.97		125.90
00059485A	Bolingreen Health & Rehab	195.76		134.00
00140357A	Bonterra Nursing Center	176.50		119.55
003192286A	Bostick Nursing Center	201.30		138.15
00140071A	Brentwood Health & Rehab	166.27		111.88
00140643A	Brian Center of Canton	188.63		128.65
00706813A	Briarwood Health & Rehab Center	204.64		140.66
00140412A	Brightmoor Health Care, Inc.	242.13		168.77
00059562A	Brown Health and Rehab	204.71		140.71
00140434A	Brown's Healthcare	152.55		101.59
00715569A	Bryan County Health & Rehab Ctr	203.80		140.03
00142601A	Bryant Health & Rehab. Ctr, Inc	180.00		122.18
003167547A	Budd Terrace at Wesley Woods	189.32		129.16
00140577A	Calhoun Health Care Center	167.98		113.16
00140478A	Calhoun Nursing Home	206.87		142.33
00366341A	Camellia Gardens of Life Care	168.92		113.87
00140588A	Camellia Hlth & Rehab	182.65		124.16

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00870911A	Candler Hospital Sub-Acute Unit	237.08		164.99
00140511A	Canton Nursing Center, Inc.	187.87		128.08
00140852A	Carrollton Manor, Inc.	177.72		120.47
00059661A	Carrollton Nursing and Rehab Center	227.90		158.10
00143085A	Cartersville Heights Care and Rehab	155.39		103.72
00140544A	Cedar Springs Health and Rehab Center	171.15		115.54
00142557A	Cedar Valley Nursing and Rehab Center	181.81		123.53
00059694A	Chaplinwood Health & Rehab	173.34		117.18
00209778A	Chatsworth Health Care Center	188.66		128.67
00143338A	Chatuge Regional Nursing Home	201.81		138.53
003165720A	Chelsey Park H&R	263.01		184.43
00413509A	Cherry Blossom Health Care	225.82		156.54
00228049A	Chestnut Ridge Nursing & Rehabilitation Center	191.58		130.86
00158034A	Christian City Convalescent Center, Inc.	202.99		152.24
00143437A	Chulio Hills Health and Rehab Center	197.51		135.31
00140467A	Church Home Rehab & Healthcare	213.64		147.41
00142106A	Clinch Health Care	147.00		97.43
00856028A	Coastal Manor	228.35		158.44
00142711A	Cobblestone Rehab and Healthcare Center	186.95		127.39
00140654A	College Park Health Care Center	181.77		123.50
00220448A	Comer Health and Rehab	198.51		136.06
00141138A	Comfort Creek NRC of Wadley	169.31		114.16
00059826A	Cook Senior Living Center	190.16		129.80
00059892A	Cordele Health & Rehab	220.27		152.38
00141666A	Countryside Health Center	168.81		113.78
00141523A	Covenant Dove- Macon	215.43		148.75
00273567A	Crestview Nursing Facility	173.92		130.44
00274128A	Crisp Regional Nursing and Rehab Ctr	211.05		145.46
00142502A	Cross View Care Center	162.90		109.35
00140302A	Cumming Nursing Center	232.95		161.89
000815493B	D. Scott Hudgens Center for Skilled Nursing	235.06		163.47
00142865A	Dade Health and Rehab Center	182.86		124.32
00140808A	Dawson Health & Rehab	180.77		122.75
00059452A	Decatur Health and Rehab Ctr	182.29		123.89
00395161A	Delmar Gardens of Gwinnett, Inc.	197.22		135.09
00296271A	Delmar Gardens of Smyrna	178.89		121.34
00141083A	Douglasville Nursing and Rehab Ctr.	184.35		125.44
00059947A	Dublinair Health & Rehab Center	184.19		125.32
00815295A	Dunwoody Health and Rehab Ctr	246.50		172.05

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00143151A	Eagle Health	224.42		155.49
00140874A	Early Memorial Nursing Home	174.78		118.26
00140137A	East Lake Arbor	195.27		133.63
00141974A	Eastman Healthcare	165.36		111.20
00140885A	Eastview Nursing Home	165.22		111.09
00223473A	Eatonton Health & Rehabilitation Center	186.98		127.41
00140907A	Effingham Extended Care Facility	223.19		154.57
00140918A	Elberta Health Care	187.59		127.87
00140929A	Emanuel Medical Center Nursing Home	218.58		151.11
00142766A	Etowah Landing Care and Rehab	170.96		115.40
835154999A	Evergreen Health and Rehab	182.84		124.31
00173071A	Fairburn Health Care Center	172.25		116.36
00140984A	Fifth Avenue Health Care	178.86		121.32
00207083A	Florence Hand Home	217.16		150.05
00141006A	Folkston Park Care and Rehab	161.66		108.42
00140599A	Fort Gaines Healthcare, LLC	180.24		122.36
00141028A	Fort Valley Nursing Ctr.	154.50		103.05
00405292A	Four County Health Care Center	175.62		118.89
00143074A	Fox Glove Court Care and Rehab	181.47		123.28
00141567A	Friendship Health and Rehab Center	181.72		123.47
00140786A	Gateway Health and Rehab Center	172.94		116.88
00141116A	Gibson Health & Rehabilitation Center	183.89		125.09
003214231A	Glen Eagle Healthcare & Rehab	218.21		150.83
00141149A	Glenn-Mor Nursing Home	201.22		138.09
00141171A	Glenvue Nursing Home	242.61		169.13
00220514A	Glenwood Health and Rehab Center	179.63		121.90
701562744A	Glenwood Healthcare	171.23		115.60
00142975A	Gold City Health and Rehabilitation Ctr	147.00		97.43
00202848A	Gordon Health Care Center	200.89		137.84
00083267A	Grace Health Care of Tucker	186.05		126.71
00141182A	Gracemore Nursing Center	186.89		127.34
00141226A	Grandview Health Care Center	207.20		142.58
00082992A	Gray Health & Rehab	204.86		140.82
00083014A	Green Acres Health & Rehab	194.43		133.00
00142634A	Greene Point Healthcare	194.13		132.77
00781382A	Gwinnett Extended Care Center	229.79		159.52
00141292A	Habersham Home	201.68		138.44
00141325A	Haralson Nursing and Rehab Center	171.01		115.43
00142447A	Harborview Health Systems - Pierce	250.07		174.73

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00142755A	Harborview Health Systems - Satilla	248.25		173.36
00140621A	Harborview Health Systems - Thomaston	186.18		126.81
00141611A	Harborview Health Systems of Jesup	174.33		117.92
003165726A	Harrington Park	235.51		163.81
00167857A	Hart Care Center	181.01		122.93
00141413A	Hartwell Health and Rehabilitation	198.11		135.76
00059705A	Hazlehurst Court Care and Rehab	157.87		105.58
00082981A	Heardmont Nursing Home	183.42		124.74
00141358A	Heart of Georgia	230.82		160.29
00141017A	Heritage Healthcare -Forsyth, LLC	177.96		120.65
00141215A	Heritage Healthcare -Grandview, LLC	209.35		144.19
00143613A	Heritage Inn of Barnesville	178.45		121.01
00142678A	Heritage Inn of Sandersville	193.19		132.07
00142161A	Heritage Inn of Statesboro	192.84		131.81
00212814A	High Shoals Health & Rehabilitation	233.74		162.48
00448456A	Hill Haven Nursing Home	190.99		130.42
00142689A	Jesup Health Care	183.37		124.70
00141633A	Joe-Ann Burgin Nursing Center	182.33		123.92
00531033A	Jonesboro Nurs. & Rehab Ctr.	180.38		122.46
00143426A	Kentwood	220.64		152.66
00141655A	Keysville Nursing Home and Rehab Ctr	172.17		116.30
00399737A	Lafayette Nursing & Rehab Center	200.25		137.36
00270245A	LaGrange Nurs. & Rehab. Ctr.	177.31		120.16
00141699A	Lake City Nursing & Rehab Ctr.	174.18		117.81
00403939A	Lake Crossing Heath Care	165.60		111.38
00141732A	Lakeland Villa Convalescent Center	226.08		156.74
00712665A	Lee County Health Care	196.02		134.19
00141831A	Legacy Nursing Home	178.56		121.10
00415522A	Legacy Nursing Home	235.58		163.86
00370873A	Life Care Center of Gwinnett	196.50		134.55
00818914A	Life Care Center of Lawrenceville	224.65		155.66
00140665A	Life Care Center, Inc.	147.00		97.43
00142524A	Lillian G. Carter Nursing Center	170.47		115.03
00270256A	Lumber City Nurs. & Rehab. Ctr.	157.86		105.57
00083036A	Lynn Haven Health & Rehab	227.70		157.95
00083278A	Madison Hlth & Rehab	201.64		138.41
00083047A	Magnolia Manor Columbus East	208.78		143.76
00083124A	Magnolia Manor Columbus West	199.59		136.87
00141809A	Magnolia Manor Marion County	210.09		144.74

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00040785A	Magnolia Manor Methodist Nursing Care	182.19		136.64
00141402A	Magnolia Manor St. Simons	203.95		140.14
00159266A	Manor Care Rehab Ctr of Decatur	186.82		127.29
00236211A	Manor Care Rehab Ctr of Marietta	208.02		143.19
00534619A	Maple Ridge Health Care Center	202.15		138.79
00141853A	McRae Manor Nursing Home	190.42		129.99
00141864A	Meadowbrook Healthcare	203.96		140.15
003167911A	Meadows Park H&R	256.93		179.87
00141941A	Medical Management H & R	147.00		97.43
00141919A	Memorial Manor Nursing Home	187.01		127.43
00141996A	Miller Nursing Home	220.84		152.81
00141578A	Miona Geriatric & Dementia Ctr	179.79		122.02
00142018A	Mitchell Convalescent Center	207.64		142.91
00142029A	Molena Nursing Home, Inc.	184.99		125.92
00142062A	Montezuma Health & Rehab	204.46		140.52
00143184A	Mountain View Health and Rehab Center	154.16		102.80
00083223A	Muscogee Manor & Rehab Center	240.55		167.59
00141336A	Nancy Hart Nursing Center	158.90		106.35
00083146A	National Health Care of Rossville	182.26		123.87
00141072A	New Horizons Lanier Park	222.88		154.34
00142007A	New Horizons Limestone	212.09		146.24
00494139A	New London Health Center	183.30		124.65
00040719A	Newnan Hosp. Health & Rehab Ctr	215.59		148.87
00344759A	NHC of Fort Oglethorpe	193.10		132.00
00426214A	Northeast Atlanta H & R Ctr.	217.65		150.41
00059331A	Northridge Hlth & Rehab Ctr	203.61		139.88
00142183A	Nursecare of Buckhead	191.49		130.79
00142249A	Oak View Home - Waverly Hall	177.95		120.64
00142238A	Oakview Health & Rehab Center	208.30		143.40
003188970A	Oceanside Health & Rehab - Tybee	213.59		147.37
00142293A	Oconee Health & Rehab	221.39		153.22
00947658A	Oconee Regional SNF	251.73		175.97
00142656A	Orchard Health and Rehab	172.25		116.36
00142117A	Orchard View Rehab & Skilled NC	211.71		158.79
00143316A	Oxley Park Health & Rehab	190.87		130.33
00142326A	Palemon Gaskins Nursing Home	209.03		143.95
00142337A	Palmyra Nursing Home, Inc.	174.39		130.79
00002164A	Park Place Nursing Facility	185.26		126.12
00141127A	Parkside Ellijay	208.40		143.48

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00142348A	Parkwood Developmental Center		212.17	146.30
00142425A	Pelham Parkway Nursing Home	181.29		123.14
00142458A	Pine Knoll Nursing and Rehab Center	204.28		140.39
00083135A	Pinehill Nursing Center	197.63		135.40
00142513A	Pinewood Manor Nursing Home	147.00		97.43
00142205A	Pinewood Nursing Ctr	169.80		114.53
00142546A	Pleasant View Nursing Center	147.00		97.43
00222582A	Porter Field H & R Ctr, LLC	160.22		107.34
00530824A	Powder Springs Nurs. & Rehab. Ctr.	186.32		126.92
00141281A	Premier Estate of Dublin	173.44		117.26
00142579A	Presbyterian Home, Quitman, Inc.	207.39		155.54
00362832A	Presbyterian Village, Inc.	201.68		151.26
00142623A	Providence Healthcare of Sparta	209.65		144.41
00142612A	Providence Healthcare of Thomaston	161.62		108.39
00265196A	Pruitt Covington	220.52		152.57
00143569A	Pruitt Health - Washington	186.80		127.28
00140104A	PruittHealth - Ashburn, LLC	206.56		142.10
00141391A	PruittHealth - Athens Heritage, LLC	207.60		142.88
00059463A	PruittHealth - Augusta	197.78		135.51
00059276A	PruittHealth - Austell	209.64		144.41
00140973A	PruittHealth - Blue Ridge, LLC	186.60		127.13
00140115A	PruittHealth - Brookhaven	231.28		160.64
00140764A	PruittHealth - Crestwood	206.24		141.86
00252942A	PruittHealth - Decatur	235.41		163.73
00142997A	PruittHealth - Fairburn, LLC	214.93		148.37
00214695A	PruittHealth - Fort Oglethorpe	191.89		131.09
00141039A	PruittHealth - Franklin, Inc	185.24		126.11
00143052A	PruittHealth - Griffin, LLC	190.97		130.40
00141721A	PruittHealth - Lakehaven	208.90		143.85
00140456A	PruittHealth - Lanier	202.84		139.31
00252007A	PruittHealth - Magnolia Manor	240.02		167.19
00140269A	PruittHealth - Millen	194.94		133.38
00141468A	PruittHealth - Monroe, LLC	206.13		141.77
00142095A	PruittHealth - Moultrie	212.75		146.74
00142304A	PruittHealth - Old Capitol	156.61		104.63
00143327A	PruittHealth - Peake, LLC	214.97		148.40
00238323A	PruittHealth - Savannah	240.90		167.85
00142964A	PruittHealth - Shepherd Hills, LLC	173.14		117.03
00143173A	PruittHealth - Sunrise, LLC	188.08		128.24

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00143195A	PruittHealth - Swainsboro, LLC	191.38		130.71
00409494A	PruittHealth - Toombsboro, LLC	205.30		141.15
00141369A	PruittHealth - Valdosta	207.82		143.04
00140401A	PruittHealth - Virginia Park	232.08		161.24
00256088A	PruittHealth - West Atlanta	196.00		134.18
00245055A	PruittHealth Augusta Hills	212.81		146.78
00140687A	PruittHealth- Eastside	203.28		152.46
00140995A	PruittHealth- Fitzgerald	200.35		137.44
00141479A	PruittHealth -Holly Hill	207.71		142.96
00142436A	PruittHealth -Jasper	214.75		148.24
00254394A	PruittHealth -Lafayette, LLC	210.77		145.25
00145527A	PruittHealth -Lilburn, LLC	202.67		139.18
00141908A	PruittHealth -Macon, LLC	208.97		143.90
00202507A	PruittHealth- Marietta	236.41		164.48
00142315A	PruittHealth- Ocilla	219.41		151.73
299031876A	PruittHealth- Rome	217.29		150.14
00143096A	PruittHealth -Spring Valley, LLC	205.39		141.22
00143206A	PruittHealth- Sylvester	180.92		122.87
00143305A	PruittHealth -Toccoa, LLC	182.46		124.02
00140038A	PruittHealth-Greenville	175.53		118.82
00370851A	Quiet Oaks Health Care Center	185.38		126.21
00150279A	Quinton Memorial Health Care	213.03		146.94
00837207A	Regency Park Health Care	212.67		146.68
00143283A	Rehabilitation Center of South Georgia	208.84		143.81
321026473A	Reliable Health and Rehab	194.81		133.28
00141754A	Renaissance Care and Rehab Center	167.14		112.53
00238741A	Resorts at Pooler	170.13		114.77
00142744A	Ridgewood Manor Nursing Home	181.72		123.47
00082684A	River Towne Center	168.31		113.41
00083289A	Riverdale Place Care and Rehab	154.73		103.22
00140346A	Riverside Health & Rheab of Thomaston	211.62		145.89
00140324A	Riverside Healthcare Center	167.48		112.79
00040741A	Riverview Health & Rehab	216.18		162.13
00142777A	Roberta Health Care	147.00		97.43
00838252A	Rockdale Healthcare	192.75		131.74
003182988A	Rockmart Health	215.58		148.86
00140753A	Rome Health and Rehab	184.94		125.88
00083311A	Rose City Health and Rehab Ctr	178.61		121.13
00831751A	Roselane Health and Rehab Center	212.28		146.39

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00587331A	Rosemont at Stone Mountain	195.44		133.76
00142942A	Ross Memorial Health Care Center	207.44		142.76
00141248A	Roswell Nursing & Rehab Ctr	233.12		162.02
00141842A	Sadie G. Mays Health & Rehab Center	184.20		138.15
00142876A	Savannah Beach Nursing & Rehab Center	178.99		121.42
00169199A	Scepter Health & Rehab	201.87		138.58
00141644A	Scott Health & Rehabilitation	182.48		124.04
00142898A	Sears Manor	196.65		134.66
00142909A	Seminole Manor Nursing Home	202.89		139.34
00143129A	Senior Care Ctr. - St. Marys	211.64		145.91
000830827B	Senior Care Ctr.-Brunswick	202.88		152.16
00142986A	Signature HC - Marietta	231.82		161.04
00040763A	Signature HC of Buckhead	229.48		159.29
00083157A	Signature Healthcare of Savannah	181.94		123.63
00143008A	Smith Medical Nursing Care Center	147.00		97.43
00143041A	Social Circle Nursing and Rehab Center	232.98		161.91
00143558A	Southland Healthcare & Rehab Ctr.	155.49		103.79
00409054A	Southland Nursing Home	232.31		161.41
00143063A	Sparta Health & Rehab	164.22		110.34
00851243A	St. Joseph's Transitional Care Unit	224.90		155.85
03143404A	Stevens Park	233.18		162.06
00142139A	Summerhill Elderliving Home	209.70		144.45
00040796A	Syl-View Health Care Center, Inc.	164.72		110.72
00727801A	Tara at Thunderbolt Nursing & Rehab Center	182.42		123.99
00143228A	Tattnall Nursing, LLC	147.00		97.43
00432924A	Taylor County Health Care	191.57		130.85
00059397A	The Bell-Minor Home, Inc.	183.25		124.61
00083102A	The Center for Advanced Rehab @ Parkside	247.18		172.56
00421429A	The Fountainview Ctr for Alzheimer's Disease	238.19		165.82
00142381A	The Lodge	253.71		177.46
00140258A	The Oaks - Bethany (Vidalia)	199.57		136.85
00141743A	The Oaks at Limestone, LLC	227.97		158.15
00178307A	The Oaks at Scenic View	219.84		152.06
00142271A	The Oaks Nursing Home, Inc.	204.19		140.32
00140126A	The Oaks of Athens	244.55		170.59
00140181A	The Oaks of Carrollton	218.76		151.25
00141589A	The Place at Deans Bridge	178.24		120.86
00142535A	The Place at Martinez	205.40		141.23
00142733A	The Retreat Nursing Home	201.35		138.19

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00277604A	Thomasville Nurs. & Rehab. Ctr.	168.47		113.53
00143261A	Thomson Health & Rehab	186.42		126.99
00143294A	Tifton Health and Rehab Center	184.23		125.35
00083003A	Tower Road Healthcare	216.27		149.38
00404995A	Townsend Park H & R	204.42		140.49
00143701A	Traditions Health & Rehab	185.72		139.29
00143349A	Treutlen County Health & Rehab	191.31		130.66
00142843A	Twin Fountains Home	179.89		122.09
00143393A	Twin Oaks Convalescent Center	214.78		148.26
00040807A	Twin View Health Care	147.00		97.43
00143415A	Union County Nursing Home	206.38		141.96
00140533A	University Nursing and Rehab Center	212.93		146.87
00908553A	UPAC - Laurel Park	230.39		159.97
00142931A	Vista Park	244.83		170.80
00141952A	Warm Springs Med. Ctr. NH	175.39		118.72
00141303A	Warner Robins Rehab & Nursing Center	173.09		116.99
00142645A	Warrenton Health and Rehabilitation Center	186.13		126.77
00143481A	Washington County ECF	196.86		134.82
00143459A	Waycross Health & Rehabilitation Center	175.94		119.13
00142359A	WellStar Paulding Nursing Center	179.09		134.32
00143503A	Westbury H & R - Conyers, Inc	212.76		146.75
00143525A	Westbury H & R-McDonough, Inc	202.79		139.27
00143514A	Westbury Medical Care Home, Inc.	196.52		134.57
00140082A	Westminister Commons	195.09		133.49
00143536A	Westview Nursing & Rehab Center	178.62		121.14
00219359A	Westwood (University Extended Care)	218.79		151.27
00370862A	Westwood Nursing Center	155.18		103.56
00143547A	Wildwood Health Care, Inc.	210.00		144.68
00040752A	William Breman Jewish Home	219.80		152.03
00271829A	Willowwood Nursing Center	147.00		97.43
00241678A	Windemere Health & Rehab	187.99		128.17
00142854A	Winder Nursing, Inc.	175.52		118.82
00143118A	Winthrop Manor Nursing Center	194.58		133.11
00143591A	Wood Dale Health Care Center	185.48		126.29
00141985A	Woodlands Health & Rehab Ctr.	147.00		97.43
00171212A	Woodstock Nursing and Rehab Center	247.22		172.59
00143602A	Wrightsville Manor	182.96		124.40
00141512A	Wynfield Park Health & Rehab	235.90		164.10
003125041B	Zebulon Park Health & Rehab	248.32		173.41

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

FINAL

<div> <div> Provider: A.G. Rhodes Home - Cobb, Inc. Prvdr ID: 00493292A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 3.73 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4016 Quarterly Medicaid CMI: 1.6169 Qtrly Mcaid CMI w RUG Wght Options: 1.6474 </div> <div> Facility Specific: 1.4016 1.6169 1.6474 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$9,531,009	\$4,993,930	\$0	\$1,050,501	\$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	(\$284,999)	(\$63,751)	\$0	(\$37,217)	\$9,739	\$2,194	(\$205,354)		(\$4,688)	\$14,078
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,246,010	\$4,930,179	\$0	\$1,013,284	\$674,161	\$557,852	\$1,550,927	\$117,033	\$388,496	\$14,078
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 45,950 As Filed Days = 24,825	45,950							24,825		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$203.37	\$107.29	\$0.00	\$22.05	\$26.81	(with L&H)	\$33.75	\$4.71	\$8.45	\$0.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4016								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$76.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$154.10	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.71	15.51 (FRV)	\$0.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Altknc %	\$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		1.6474								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$224.44	\$133.55	\$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 ([Sind - 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 =	Ln 19 Col b x CPS Add-on	\$3.34	\$3.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$4.01	\$4.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.45	\$7.35	\$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	\$248.89	\$140.90	\$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	(Ln 25 - Ln 23) * 0.75	\$173.84									

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

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<div> <div> Provider: A.G. Rhodes Home at Wesley Woods, Inc. Prvdr ID: 00040818A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 4.40 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4319 Quarterly Medicaid CMI: 1.5367 Qtrly Mcaid CMI w RUG Wght Options: 1.5656 </div> <div> Facility Specific 1.4319 1.5367 1.5656 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$248,833)	(\$97,239)	\$0	(\$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	51,511									
	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 Svcs	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 qtrs of FY12		<u>1.4319</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.26
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 + Ln 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 Qtr End		<u>1.5656</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.53	\$126.92	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.98	\$6.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.54	\$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	\$26.84	\$9.52	\$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	\$239.37	\$136.44	\$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	\$166.70									

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

FINAL

Provider: A.G. Rhodes Home, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140005A				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3781			1.3781	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 57.1%		57.1%	5.5%	Quarterly Medicaid CMI: 1.4612			1.4612	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 4.14		4.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4880			1.4880	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	FY 18 GL-PL Ins Rpt Days								47,335		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$189.12	\$101.12	\$0.00	\$20.65	\$26.79	(with L&H)	\$33.80	\$0.00	\$6.48	\$0.28
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3781</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.28
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		<u>1.4880</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.10	\$120.83	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.63	\$6.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.35	\$10.25	\$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	\$235.45	\$130.88	\$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	\$163.76									

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

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Provider: Abercorn Rehabilitation Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00083025A			Growth Allowance: N/A		32.8%	13.37%	Base Period Overall CMI: 1.5995				1.5995	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 3.02		2.5%	2.0%	Quarterly Medicaid CMI: 1.5708				1.5708	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		3.02	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5985				1.5985	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 qtrs of FY12		1.5995								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althwc %	\$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)	Ln 14 + Ln 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 Medicaid Residents	per Current Qtr End		1.5985								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.42	\$101.68	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9.70	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.25	\$106.78	\$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	\$136.61									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Advanced Health and Rehab of Twiggs County			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide	
Prvdr ID: 003185378A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617	
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/19		BIMS:	23.6%	Quarterly Medicaid CMI:			1.4284	1.4283	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		3.25	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4538	1.4526	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 54,437		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,482		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$15.71	\$0.00
	Allowed @ 95% of Std		\$142.60	\$67.93		\$17.49	\$21.94		\$19.53		\$15.71	\$0.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$161.63	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.06	\$15.71	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4538							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$111.96								
	Quarterly Medicaid CMA Allowed Per Diem		\$196.57	\$111.96		\$19.83	\$24.87		\$22.14	\$2.06	\$15.71	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.12	\$1.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.12	\$1.12								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.34									
	Quarterly Case Mix Based Per Diem Rate		\$215.91	\$114.20		\$19.83	\$24.87		\$39.24	\$2.06	\$15.71	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd'r Fee) x 75%	\$149.11										

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

FINAL

<div> <div> Provider: Altamaha Healthcare Ctr. Prvdr ID: 00140027A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 46.2% Nurse Hours per On-Site Day/Quality Incentive: 2.63 </div> <div> Facility Score: 13.37% Add-on Percent: 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4937 Quarterly Medicaid CMI: 1.4199 Qtrly Mcaid CMI w RUG Wght Options: 1.4436 </div> <div> Facility Specific: 1.4937 1.4199 1.4436 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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		\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.20
	Quarterly Per Diem Rate Prior to Add-ons											
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		1.4436								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126.75	\$65.08	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.58	\$3.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.95	\$1.95								
23	Nursing Home Provider Fee (Fixed Amount)		\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$6.06	\$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	\$150.71	\$71.14	\$0.00	\$13.65	\$16.43	\$0.00	\$40.32	\$0.63	\$7.34	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$100.21									

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

FINAL

Provider: Amara Healthcare & Rehab.			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: 00140049A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1730				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.94		Qtrly BIMS score 45.0%	5.5%	Quarterly Medicaid CMI: 1.3512				1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3746				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,067										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1730</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.62								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage = <u>13.37%</u>	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 Diem (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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3746</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.20	\$78.89	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.34	\$4.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$24.97	\$7.24	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.17	\$86.13	\$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	\$115.55									

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

FINAL

Provider: Anderson Mill Health & Rehab		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00140379A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4753				1.4753	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.75		Qtrly BIMS score: 28.1%	1.0%	Quarterly Medicaid CMI: 1.6723				1.6723	1.4488	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7023	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4753</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7023</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.24	\$102.02	\$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 ((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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.32	\$3.59	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.56	\$105.61	\$0.00	\$15.34	\$17.87	\$0.00	\$40.41	\$9.34	\$8.86	\$1.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.10									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Ansley Park Health & Rehab Center Prvdr ID: 003136416A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 35.0% Nurse Hours per On-Site Day/Quality Incentive: 4.06				<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4791 Quarterly Medicaid CMI: 1.5066 Qtrly Mcaid CMI w RUG Wght Options: 1.4526				Facility Score: N/A Add-on Percent: 13.37% Facility Specific Use Stwd: 1.3617 State-wide: 1.4283
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 62,514		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								20,721		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$39.71	\$5.82
	Allowed @ 95% of Std		\$172.42	\$67.93		\$17.49	\$21.94		\$19.53		\$39.71	\$5.82
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$192.41	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.02	\$39.71	\$5.82
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5066							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$116.03								
	Quarterly Medicaid CMA Allowed Per Diem		\$231.42	\$116.03		\$19.83	\$24.87		\$22.14	\$3.02	\$39.71	\$5.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs		\$2.90	\$2.90								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.48	\$3.48								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$23.48									
	Quarterly Case Mix Based Per Diem Rate		\$254.90	\$122.41		\$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%	\$178.35										

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

FINAL

<div> <div> Provider: Appling Nursing and Rehab Pavillion Prvdr ID: 00140093A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.4% Nurse Hours per On-Site Day/Quality Incentive: 3.19 </div> <div> Facility Score: 13.37% Add-on Percent: 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.0796 Quarterly Medicaid CMI: 0.9899 Qtrly Mcaid CMI w RUG Wght Options: 1.0006 </div> <div> Facility Specific: 1.0796 1.0006 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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									
	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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.0796								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$80.03	\$0.00	\$26.11	\$24.92		\$20.30	\$5.94	\$9.69	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 Grwth 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)	Ln 14 + Ln 15	\$194.66	\$81.07	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0006								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.71	\$81.12	\$0.00	\$29.60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Atwd] 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$20.75	\$3.24	\$0.00	\$0.22	\$0.00	\$0.00	\$17.29	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.46	\$84.36	\$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	\$148.77									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Archway Transitional Care Center Pvdr ID: 003185502A H/B ? : No				Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 46.8% 4.74	Add-on Percent 13.37% 5.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.3267 1.3503	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 95,619		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,779		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$24.20	\$5.86
	<u>Allowed @ 95% of Std</u>		\$156.95	\$67.93		\$17.49	\$21.94		\$19.53		\$24.20	\$5.86
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$178.75	\$77.01		\$19.83	\$24.87		\$22.14	\$ 4.83	\$24.20	\$5.86
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3503							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$103.99								
	Quarterly Medicaid CMA Allowed Per Diem		\$205.72	\$103.99		\$19.83	\$24.87		\$22.14	\$4.83	\$24.20	\$5.86
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Svcs)		\$5.72	\$5.72								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.08	\$2.08								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$24.90									
	Quarterly Case Mix Based Per Diem Rate		\$230.62	\$111.79		\$19.83	\$24.87		\$39.24	\$4.83	\$24.20	\$5.86
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$160.14										

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

FINAL

Provider: Arrowhead Healthcare			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143162A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4860			1.4860	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.61			Qtrly BIMS score: 59.0%	5.5%	Quarterly Medicaid CMI: 1.9298			1.9298	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.9681			1.9681	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,472,469	\$2,829,977	\$0	\$518,714	\$365,429	\$307,891	\$772,323	\$34,098	\$644,037	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmtns	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4860</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.9681</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.56	\$100.14	\$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 ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$27.14	\$9.04	\$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	\$196.70	\$109.18	\$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	\$134.70									

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

FINAL

Provider: Autumn Breeze Health Care Ctr			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140159A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2569	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score		21.4%	1.0%	Quarterly Medicaid CMI:				1.4670	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		2.82	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4950	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2569</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4950</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.65	\$98.63	\$0.00	\$16.71	\$16.28	\$0.00	\$23.31	\$1.88	\$8.84	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.21	\$4.48	\$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	\$188.86	\$103.11	\$0.00	\$16.93	\$16.69	\$0.00	\$40.41	\$1.88	\$8.84	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.82									

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

FINAL

Provider: Avalon Hlth. & Rehab			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142084A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1537				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 78.4%	5.5%	Quarterly Medicaid CMI: 1.5054				1.4488	
					3.48	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5309	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1537</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$136.52	\$69.43	\$0.00	\$14.25	\$19.33		\$19.66	\$2.99	9.99 (FRV)	\$0.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5309</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.71	\$120.50	\$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 ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.63	\$6.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.88	\$10.78	\$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	\$223.59	\$131.28	\$0.00	\$16.38	\$22.32	\$0.00	\$39.76	\$2.99	\$9.99	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.87									

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

FINAL

<div> <div> Provider: Azalea Health & Rehabilitation Prvdr ID: 00141963A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.4% Nurse Hours per On-Site Day/Quality Incentive: 2.99 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3435 Quarterly Medicaid CMI: 1.4708 Qtrly Mcaid CMI w RUG Wght Options: 1.4973 </div> <div> Facility Specific: 1.3435 1.4708 1.4973 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,162,617	\$1,603,561	\$0	\$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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,469 As Filed Days = 27,793	23,469									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days								27,793		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$132.48	\$68.33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 =	Ln 14 x Grwth Allownc %	\$13.76	\$6.80	\$0.00	\$2.10	\$2.33	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Diem (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 Qtr End		\$1.4973								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.89	\$86.33	\$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 ([Slnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Slfng 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	\$22.08	\$3.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.97	\$90.31	\$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	\$123.65									

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

FINAL

Provider: Azalea Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059441A				Growth Allowance: N/A		37.7%	13.37%	Base Period Overall CMI: 1.5985			1.5985	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 3.34		2.5%	2.0%	Quarterly Medicaid CMI: 1.5159			1.5159	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		3.34	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5421			1.5421	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,490,686	\$2,425,377	\$0	\$456,736	\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$39,474)	\$0	\$0	\$0	(\$1,511)	(\$2,153)	(\$33,581)		(\$41,835)	\$39,606
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,451,212	\$2,425,377	\$0	\$456,736	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days								29,099		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5985								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.67	\$0.00	\$14.35	\$13.36		\$26.39	\$0.10	\$8.21	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$109.24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0.10	11.96 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.83	\$6.37	\$0.00	\$1.92	\$1.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.07	\$54.04	\$0.00	\$16.27	\$15.15	\$0.00	\$23.31	\$0.10	\$11.96	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5421								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.37	\$83.34	\$0.00	\$16.27	\$15.15	\$0.00	\$23.31	\$0.10	\$11.96	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67								
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	\$22.01	\$4.28	\$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	\$173.38	\$87.62	\$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	\$117.21									

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

FINAL

Provider: Azalea Trace Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141886A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2980	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score		34.5%	2.5%	Quarterly Medicaid CMI:				1.3345	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		4.18	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3575	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$6,207,310	\$3,799,856	\$0	\$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)		(\$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	38,837									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,967								36,967		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.17
Quarterly Per Diem Rate Prior to Add-ons												
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		1.3575								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.73	\$113.73	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.84	\$2.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.35	\$6.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.08	\$119.98	\$0.00	\$18.86	\$19.21	\$0.00	\$38.17	\$2.42	\$10.27	\$0.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.99									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Azalealand Nursing Home Prvdr ID: 00141237A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 2.85		Facility Score: N/A BIMS: 50.0% 2.85	Add-on Percent: 13.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.4999 Quarterly Medicaid CMI: 1.6065 Qtrly Mcaid CMI w RUG Wght Options: 1.6381			Facility Specific: 1.4999 1.6065 1.6381	State-wide: 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 43,732		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								24,700		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$17.05	\$1.48
	Allowed @ 95% of Std		\$145.42	\$67.93		\$17.49	\$21.94		\$19.53		\$17.05	\$1.48
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$164.16	\$77.01		\$19.83	\$24.87		\$22.14	\$ 1.77	\$17.05	\$1.48
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6381							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$126.15								
	Quarterly Medicaid CMA Allowed Per Diem		\$213.30	\$126.15		\$19.83	\$24.87		\$22.14	\$1.77	\$17.05	\$1.48
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Svcs)		\$6.94	\$6.94								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.78	\$3.78								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$27.82									
	Quarterly Case Mix Based Per Diem Rate		\$241.12	\$136.88		\$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%	\$168.01										

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

FINAL

Provider: Bainbridge Health Care		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00258915A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2138				1.2138	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.39		Qtrly BIMS score: 46.0%	5.5%	Quarterly Medicaid CMI: 1.8192				1.8192	1.4488	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8541				1.8541	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Cost Center Costs After Audit Adjustments	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	Total Nursing Facility Days As Filed Days = 32,126	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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$42.87	\$0.00	\$11.60	\$14.96		\$14.82	\$1.08	\$12.80	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	Growth Allowance Percentage = <u>13.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8541</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.37	\$90.11	\$0.00	\$13.15	\$16.96	\$0.00	\$16.80	\$1.08	\$7.67	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.96	\$4.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.39	\$7.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.76	\$97.40	\$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	\$116.00									

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

FINAL

Provider: Baptist Village, Inc.			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140203A			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.1403				1.1403	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score 32.7%		32.7%	2.5%	Quarterly Medicaid CMI: 1.3793				1.3793	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.28		4.28	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4050				1.4050	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1403</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4050</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.52	\$113.90	\$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 ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.42	\$3.42								
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	\$6.64	\$6.27	\$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	\$211.16	\$120.17	\$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	\$158.37									

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

FINAL

Provider: Bayview Nursing Home			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00624951A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3673			1.3673	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.59			Qtrly BIMS score: 25.0%	1.0%	Quarterly Medicaid CMI: 1.5243			1.5243	1.4488
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5538			1.5538	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7	Cost 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	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,789 As Filed Days = 21,900	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	20,789						21,900		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3673</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$128.24	\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	13.55 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.98	\$63.76	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$13.55	\$2.16
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5538</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.29	\$99.07	\$0.00	\$19.58	\$22.81	\$0.00	\$18.83	\$2.29	\$13.55	\$2.16
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	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	\$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	\$199.89	\$102.57	\$0.00	\$19.80	\$23.22	\$0.00	\$36.30	\$2.29	\$13.55	\$2.16
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.09									

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

FINAL

Provider: The Bell-Minor Home, Inc.			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00059397A			Growth Allowance: Qtrly BIMS score		N/A	13.37%	Base Period Overall CMI:				1.4312	1.3699	
Case Mix Per Diem Rate Effective Date: 07/01/19			MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.09	31.2%	2.5%	Quarterly Medicaid CMI:				1.5533	1.4488
						3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5840	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$104,759)	\$0	\$0	\$0	\$0	\$0	(\$104,759)		(\$65,551)	\$65,551	
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$5,570,576	\$2,198,300	\$0	\$473,131	\$260,367	\$364,985	\$915,274	\$133,682	\$1,159,286	\$65,551	
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 Svcs	Ln 7 / Ln 8 Col a	\$159.53	\$62.93	\$0.00	\$13.54	\$17.90	(with L&H)	\$26.20	\$3.89	\$33.19	\$1.88	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4312									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0.00	\$13.54	\$17.90		\$26.20	\$3.89	\$33.19	\$1.88	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.88	
	Quarterly Per Diem Rate Prior to Add-ons												
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 + Ln 15	\$131.54	\$49.85	\$0.00	\$15.35	\$20.29	\$0.00	\$26.60	\$3.89	\$13.68	\$1.88	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5840									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.96									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.65	\$78.96	\$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 - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.97	\$1.97									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$22.60	\$4.87	\$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	\$183.25	\$83.83	\$0.00	\$15.57	\$20.70	\$0.00	\$43.70	\$3.89	\$13.68	\$1.88	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.61										

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

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Provider: Berrien Nursing Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143382A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3657				1.3617	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.31		Qtrly BIMS score: 32.3%	2.5%	Quarterly Medicaid CMI: 1.4972				1.4488	1.4488
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5253				1.5253	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$76,686)	(\$6,925)	\$0	\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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		<u>1.5253</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.96	\$89.15	\$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 ([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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.53	\$5.43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.49	\$94.58	\$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	\$130.04									

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

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<div> <div> Provider: Blue Ridge Healthcare of Buchanan Prvdr ID: 00142722A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 20.5% Nurse Hours per On-Site Day/Quality Incentive: 6.19 </div> <div> Facility Score: 13.37% Add-on Percent: 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2328 Quarterly Medicaid CMI: 1.4102 Qtrly Mcaid CMI w RUG Wght Options: 1.4351 </div> <div> Facility Specific 1.2328 1.4102 1.4351 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,686 As Filed Days = 18,724	19,686							18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Althenc %	\$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		1.4351								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.07	\$90.90	\$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 - 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 =	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$184.97	\$95.07	\$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	\$125.90									

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

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Provider: Bolingreen Health & Rehab		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00059485A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.3111				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 35.0%	3.33	2.5%	3.0%	Quarterly Medicaid CMI: 1.5073				1.4488		
		Nurse Hours per On-Site Day/Quality Incentive:				Qtrly Mcaid CMI w RUG Wght Options: 1.5357				1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$30,764)	(\$496)	\$0	\$0	\$0	\$0	(\$30,268)		(\$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	Total Nursing Facility Days As Filed Days = 42,350	FY12 Audited C/R Days	42,350									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,048	FY 18 GL-PL Ins Rpt Days								40,048		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3111</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8.28 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.72	\$66.77	\$0.00	\$16.29	\$20.59	\$0.00	\$20.30	\$2.89	\$8.28	\$0.60
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5357</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.49	\$102.54	\$0.00	\$16.29	\$20.59	\$0.00	\$20.30	\$2.89	\$8.28	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stand - Abwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.08	\$3.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.27	\$6.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.76	\$108.71	\$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 - Ln 23) * 0.75	\$134.00									

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

FINAL

Provider: Bonterra Nursing Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140357A			Growth Allowance: N/A		29.9%	13.37%	Base Period Overall CMI: 1.3678			1.3678	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 29.9%		1.0%	3.0%	Quarterly Medicaid CMI: 1.4782			1.4782	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.15		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5036			1.5036	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3678								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.39	\$0.00	\$13.72	\$16.07		\$21.97	\$3.93	\$28.92	\$2.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$114.12	\$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 = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5036								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.95	\$82.49	\$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 ([SInd - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.47	\$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	\$21.55	\$3.82	\$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	\$176.50	\$86.31	\$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	\$119.55									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Bostick Nursing Center Pvdr ID: 003192286A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 17.0% 4.00	Add-on Percent 13.37% 0.0% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.1346 1.1516	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	<i>Type of Facility within Peer Group</i>			<i>All Facilities</i>	<i>All Facilities</i>	<i>Freestanding</i>	<i>All Facilities</i>	<i>All Facilities</i>	<i>All Facilities</i>			
	<i>Bed Size Range within Peer Group</i>			<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>	<i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
	<i>Peer Group Standards: Percentile</i>			90.0%	90.0%	90.0%	85.0%		50.0%			
	<i>Peer Group Standards: Multiplier</i>			100.0%	100.0%	100.0%	100.0%		105.0%			
	<i>Efficiency Measures (Maximums)</i>			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 42,226		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								11,249		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$20.20	\$2.95
	<u>Allowed @ 95% of Std</u>		\$150.04	\$67.93		\$17.49	\$21.94		\$19.53		\$20.20	\$2.95
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$170.76	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.75	\$20.20	\$2.95
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.1516</u>							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$88.69								
	Quarterly Medicaid CMA Allowed Per Diem		\$182.43	\$88.69		\$19.83	\$24.87		\$22.14	\$3.75	\$20.20	\$2.95
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.77	\$1.77								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$18.87									
	Quarterly Case Mix Based Per Diem Rate		\$201.30	\$90.46		\$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%	\$138.15										

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

FINAL

Provider: Boswell Parker Nursing Center			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00415522A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2012			1.2012	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 33.3%			33.3%	2.5%	Quarterly Medicaid CMI: 1.3468			1.3468	1.4488
						4.97	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3666			1.3666	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,467,907	\$717,756	\$0	\$173,074	\$79,770	\$125,743	\$295,408	\$35,074	\$41,082	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$8,884)	(\$1,884)	\$0	\$0	\$0	\$0	(\$7,000)		(\$7,187)	\$7,187
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,459,023	\$715,872	\$0	\$173,074	\$79,770	\$125,743	\$288,408	\$35,074	\$33,895	\$7,187
8	Total Nursing Facility Days	As Filed Days = 9,986	9,986									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 10,058								10,058		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.08	\$71.69	\$0.00	\$17.33	\$20.58	(with L&H)	\$28.88	\$3.49	\$3.39	\$0.72
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2012</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.68	\$0.00	\$17.33	\$20.58		\$28.88	\$3.49	\$3.39	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$159.81	\$59.68	\$0.00	\$17.33	\$20.58		\$20.56	\$3.49	37.45 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.80	\$7.98	\$0.00	\$2.32	\$2.75	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$175.61	\$67.66	\$0.00	\$19.65	\$23.33	\$0.00	\$23.31	\$3.49	\$37.45	\$0.72
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3666</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.41	\$92.46	\$0.00	\$19.65	\$23.33	\$0.00	\$23.31	\$3.49	\$37.45	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.42	\$4.69	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.83	\$97.15	\$0.00	\$19.87	\$23.74	\$0.00	\$40.41	\$3.49	\$37.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$154.30									

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

FINAL

Provider: Brentwood Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140071A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	40.5%	13.37%	Base Period Overall CMI: 1.3764				1.3764	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.53	Qtrly BIMS score: 40.5%	2.5%	3.0%	Quarterly Medicaid CMI: 1.3456				1.3456	1.4488	
						Qtrly Mcaid CMI w RUG Wght Options: 1.3648				1.3648	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$20,888)	\$0	\$0	(\$1,811)	\$0	\$0	(\$20,888)		(\$24,531)	\$26,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,579,092	\$2,498,293	\$0	\$461,469	\$217,890	\$306,183	\$559,231	\$98,535	\$411,149	\$26,342
8	Total Nursing Facility Days As Filed Days = 35,080	FY12 Audited C/R Days	35,080									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days								33,533		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$130.66	\$71.22	\$0.00	\$13.15	\$14.94	(with L&H)	\$15.94	\$2.94	\$11.72	\$0.75
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.75								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	\$11.72	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$109.03	\$51.75	\$0.00	\$13.15	\$14.94		\$15.94	\$2.94	9.56 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.81	\$6.92	\$0.00	\$1.76	\$2.00	\$0.00	\$2.13	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.84	\$58.67	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3648								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.24	\$80.07	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$166.27	\$85.00	\$0.00	\$15.13	\$17.35	\$0.00	\$35.54	\$2.94	\$9.56	\$0.75
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.88									

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

FINAL

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			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3878			1.3878	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.01			Qtrly BIMS score 39.4%	2.5%	Quarterly Medicaid CMI: 1.4756			1.4756	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4989			1.4989	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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		1.3878								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.4989								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.16	\$94.72	\$0.00	\$15.88	\$17.37	\$0.00	\$23.31	\$0.25	\$12.39	\$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)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.47	\$5.74	\$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	\$188.63	\$100.46	\$0.00	\$16.10	\$17.78	\$0.00	\$40.41	\$0.25	\$12.39	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.65									

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

FINAL

<div> <div> Provider: Briarwood Health & Rehab Center Prvdr ID: 00706813A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.7% Nurse Hours per On-Site Day/Quality Incentive: 3.85 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.6087 Quarterly Medicaid CMI: 1.6213 Qtrly Mcaid CMI w RUG Wght Options: 1.6498 </div> <div> Facility Specific 1.6087 1.6213 1.6498 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,672 As Filed Days = 34,336	34,672								34,336	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.45	\$97.07	\$0.00	\$15.39	\$12.92	(with L&H)	\$25.71		\$6.68	\$2.55
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6087</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$2.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	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)	Ln 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6498</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.86	\$112.86	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$1.13	\$1.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sflng Add-on	\$3.39	\$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.78	\$5.05	\$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	\$204.64	\$117.91	\$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	\$140.66									

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

FINAL

Provider: Brightmoor Health Care, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140412A				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2636			1.2636	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 26.7%		26.7%	1.0%	Quarterly Medicaid CMI: 1.5513			1.5513	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 4.03		4.03	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5805			1.5805	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.84
Quarterly Per Diem Rate Prior to Add-ons												
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 Diem (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		1.5805								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.54	\$128.13	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.84	\$3.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$5.12	\$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	\$242.13	\$133.25	\$0.00	\$20.87	\$26.18	\$0.00	\$38.94	\$2.05	\$19.00	\$1.84
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$168.77									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Brown Health and Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059562A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3805	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		35.7%	2.5%	Quarterly Medicaid CMI:			1.4564	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		3.46	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4829	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$6,386,941	\$3,084,712	\$0	\$620,357	\$404,220	\$304,919	\$1,390,301	\$137,630	\$444,802	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$615,487)	\$0	\$0	\$0	\$0	\$0	(\$615,487)		(\$14,918)	\$14,918
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	37,086									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,079								38,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$131.87	\$60.25	\$0.00	\$16.73	\$19.12		\$20.89	\$3.61	10.87 (FRV)	\$0.40
Quarterly Per Diem Rate Prior to Add-ons												
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	\$147.52	\$68.31	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$10.87	\$0.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4829								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.51	\$101.30	\$0.00	\$18.97	\$21.68	\$0.00	\$23.68	\$3.61	\$10.87	\$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		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.20	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.71	\$107.40	\$0.00	\$19.19	\$22.09	\$0.00	\$41.15	\$3.61	\$10.87	\$0.40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.71									

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

FINAL

Provider: Brown's Healthcare				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140434A				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI:			1.4535	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 16.0%		16.0%	0.0%	Quarterly Medicaid CMI:			1.4607	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.62		2.62	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4861	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$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	22,287									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,285								21,285		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.4535								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.15								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$11.58	\$5.23	\$0.00	\$1.62	\$1.98	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.74	\$44.38	\$0.00	\$13.75	\$16.77	\$0.00	\$23.31	\$0.62	\$10.99	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4861								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.31	\$65.95	\$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 ((Snd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$20.24	\$2.51	\$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	\$152.55	\$68.46	\$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	\$101.59									

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

FINAL

Provider: Bryan County Health & Rehab Ctr			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00715569A			Growth Allowance: N/A			13.37%		Base Period Overall CMI: 1.3338			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 54.9%			5.5%		Quarterly Medicaid CMI: 1.6091			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.30			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6404			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations 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	35,129									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,801								33,801		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3338</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6404</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.81	\$100.98	\$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 ([SInd - AInd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.55	\$5.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.99	\$9.11	\$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	\$203.80	\$110.09	\$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	\$140.03									

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

FINAL

<div> <div> Provider: Bryant Health & Rehab. Ctr, Inc Prvdr ID: 00142601A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 44.4% Nurse Hours per On-Site Day/Quality Incentive: 2.52 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1714 Quarterly Medicaid CMI: 1.5236 Qtrly Mcaid CMI w RUG Wght Options: 1.5513 </div> <div> Facility Specific: 1.1714 1.5236 1.5513 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,112,453	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
6	Audit 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	Cost 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	26,257									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,472								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Cot a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0.59	\$0.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1714								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	\$0.59	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$108.13	\$55.46	\$0.00	\$14.04	\$16.45		\$12.70	\$1.15	7.64 (FRV)	\$0.69
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$13.20	\$7.42	\$0.00	\$1.88	\$2.20	\$0.00	\$1.70	N/A	N/A	N/A
16	CMA 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	\$1.15	\$7.64	\$0.69
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.00	\$97.55	\$0.00	\$15.92	\$18.65	\$0.00	\$14.40	\$1.15	\$7.64	\$0.69
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Strnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$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	\$180.00	\$103.45	\$0.00	\$16.14	\$19.06	\$0.00	\$31.87	\$1.15	\$7.64	\$0.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.18									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Budd Terrace At Wesley Woods				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 003167547A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			Use Stwd	1.3617
H/B ?: No				BIMS:		19.2%	0.0%	Quarterly Medicaid CMI:			1.2044	1.4283
Case Mix Per Diem Rate Effective Date: 07/01/19				Nurse Hours per On-Site Day/Quality Incentive:		8.32	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2207	1.4526
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19												

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$167,948.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								64,706		
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$2.40
	Allowed @ 90% of Std		\$160.62	\$64.36		\$16.57	\$20.78		\$18.50		\$38.01	\$2.40
	Growth Allowance 13.37%		\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
	CMA Allowed Per Diem (After Growth Allowance)		\$155.22	\$72.96		\$18.79	\$23.56		\$20.97	\$ 2.60	13.94	\$2.40
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2207							(FRV Rate)	
	Qtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$89.07								
	Quarterly Medicaid CMA Allowed Per Diem		\$171.33	\$89.07		\$18.79	\$23.56		\$20.97	\$2.60	\$13.94	\$2.40
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Srvs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$0.89	\$0.89								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$17.99									
	Quarterly Case Mix Based Per Diem Rate		\$189.32	\$89.96		\$18.79	\$23.56		\$38.07	\$2.60	\$13.94	\$2.40
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$129.16										

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

FINAL

<div> <div> Provider: Calhoun Health Care Center Prvdr ID: 00140577A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.3% Nurse Hours per On-Site Day/Quality Incentive: 3.02 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3183 Quarterly Medicaid CMI: 1.4085 Qtrly Mcaid CMI w RUG Wght Options: 1.4320 </div> <div> Facility Specific 1.3183 1.4085 1.4320 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
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)	\$19,776
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	\$19,776
8	Total Nursing Facility Days	As Filed Days = 34,715	34,715									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,375										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days								29,375		
10	Base Period Facility Case Mix Index for All Residents	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	\$0.57
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.3183								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$48.37								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	\$7.30	\$0.57
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
		Lesser of Ln 12 or Ln 13	\$108.41	\$48.37	\$0.00	\$14.61	\$17.93		\$15.76	\$3.73	7.44 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
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/A
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	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4320								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.03	\$78.53	\$0.00	\$16.56	\$20.33	\$0.00	\$17.87	\$3.73	\$7.44	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (IStd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.95	\$4.85	\$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	\$167.98	\$83.38	\$0.00	\$16.78	\$20.74	\$0.00	\$35.34	\$3.73	\$7.44	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.16									

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

FINAL

Provider: Calhoun Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140478A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2873				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.99		Qtrly BIMS score: 42.9%	2.5%	Quarterly Medicaid CMI: 1.5993				1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6293				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$141.23	\$64.92	\$0.00	\$22.20	\$22.32	(with L&H)	\$25.21	\$4.20	\$1.92	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2873</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$132.07	\$50.43	\$0.00	\$22.20	\$22.32		\$20.56	\$4.20	11.90 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$147.51	\$57.17	\$0.00	\$25.17	\$25.30	\$0.00	\$23.31	\$4.20	\$11.90	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6293</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.49	\$93.15	\$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 ((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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
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	\$23.38	\$5.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.87	\$98.80	\$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	\$142.33									

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

FINAL

Provider: Camellia Gardens of Life Care		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00366341A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3243				1.3243	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.57		Qtrly BIMS score: 31.7%	2.5%	Quarterly Medicaid CMI: 1.1678				1.1678	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1836				1.1836	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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 Rpt Days								27,513		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3243</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8.09 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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)	Ln 14 + Ln 15	\$135.17	\$62.33	\$0.00	\$19.20	\$18.85	\$0.00	\$23.31	\$2.31	\$8.09	\$1.08
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1836</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.61	\$73.77	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.31	\$4.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.92	\$78.35	\$0.00	\$19.42	\$19.26	\$0.00	\$40.41	\$2.31	\$8.09	\$1.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.87									

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

FINAL

Provider: Camellia Hlth & Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140588A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3516			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 30.2%	2.5%	Quarterly Medicaid CMI: 1.4247			1.4488	
						3.02	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4494			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940	\$1,592,432	\$0	\$345,008	\$167,289	\$228,586	\$436,294	\$100,435	\$156,896	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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	22,188									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,848										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3516								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		1.4494								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.22	\$87.25	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.65	\$92.58	\$0.00	\$17.76	\$20.64	\$0.00	\$38.02	\$4.21	\$8.62	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.16									

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

FINAL

<div> <div> Provider: Candler Hospital Sub-Acute Unit Prvdr ID: 00870911A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qltry BIMS score: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 7.91 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 0.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 2.3318 Quarterly Medicaid CMI: 1.4488 Qltry Mcaid CMI w RUG Wght Options: 1.4737 </div> <div> Facility Specific 2.3318 1.4488 1.4737 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$1,470,516	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$10,246)	\$0	\$0	\$0	\$0	\$0	(\$10,246)		(\$5,552)	\$5,552
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,460,270	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$342,733	\$7,493	\$245,894	\$5,552
8	Total Nursing Facility Days	As Filed Days = 3,234	3,234									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 2,890										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		<u>2.3318</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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	\$163.24	\$71.51	\$0.00	\$20.35	\$23.09		\$20.56	\$2.59	23.42 (FRV)	\$1.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$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	\$23.31	\$2.59	\$23.42	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4737</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$219.76	\$119.47	\$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 ([SInd - 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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$237.08	\$119.47	\$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	(Ln 25 - Ln 23) * 0.75	\$164.99									

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

FINAL

Provider: Canton Nursing Center, Inc.			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140511A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3680				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 0.00		Qtrly BIMS score 44.8%	2.5%	Quarterly Medicaid CMI: 1.3043				1.4488	
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3228				1.4737	
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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	\$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	FY12 Audited C/R Days	33,792									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,521	FY 18 GL-PL Ins Rpt Days								30,521		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$144.45	\$74.81	\$0.00	\$17.51	\$23.82	(with L&H)	\$20.59	\$3.34	\$3.29	\$1.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3680								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.68								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$130.83	\$54.68	\$0.00	\$17.51	\$23.09		\$20.56	\$3.34	10.56 (FRV)	\$1.09
Quarterly Per Diem Rate Prior to Add-ons												
15	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	\$19.85	\$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		1.3228								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.33	\$82.00	\$0.00	\$19.85	\$26.18	\$0.00	\$23.31	\$3.34	\$10.56	\$1.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.05	\$2.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.64	\$1.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.54	\$4.22	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.87	\$86.22	\$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	\$128.08									

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

FINAL

Provider: Carrollton Manor, Inc.			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140852A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3067			1.3617	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.11			Qtrly BIMS score: 40.6%	2.5%	Quarterly Medicaid CMI: 1.4525			1.4488	1.4488
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4773			1.4737	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,595,654	\$2,333,134	\$0	\$598,067	\$317,522	\$207,390	\$737,203	\$122,627	\$279,711	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$139,226)	(\$6,955)	\$0	\$0	\$949	\$620	(\$120,974)		(\$49,231)	\$36,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,456,428	\$2,326,179	\$0	\$598,067	\$318,471	\$208,010	\$616,229	\$122,627	\$230,480	\$36,365
8	Total Nursing Facility Days As Filed Days = 35,484	FY12 Audited C/R Days	35,484									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,047	FY 18 GL-PL Ins Rpt Days								34,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3067</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.26	\$6.71	\$0.00	\$2.25	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4773</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.31	\$84.03	\$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 ((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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.68	\$1.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.41	\$4.31	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.72	\$88.34	\$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	(Ln 25 - Ln 23) * 0.75	\$120.47									

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

FINAL

Provider: Carrollton Nursing and Rehab Center		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>		
Prvdr ID: 00059661A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3832			1.3832	1.4014		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.29		Qtrly BIMS score: 29.7%	1.0%	Quarterly Medicaid CMI: 1.6589			1.6589	1.4488		
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6880			1.6880	1.4737		
Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance h	Property and Related i	Taxes and Insurance i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,851,471	\$2,102,841	\$0	\$345,554	\$166,115	\$156,223	\$579,814	\$0	\$500,924	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjtsmts	(\$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	\$3,826,454	\$2,108,779	\$0	\$345,554	\$162,518	\$154,237	\$565,284	\$0	\$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 Svcs	Ln 7 / Ln 8 Col a	\$175.60	\$96.77	\$0.00	\$15.86	\$14.54	(with L&H)	\$25.94	\$0.00	\$21.78	\$0.71
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.96	\$0.00	\$15.86	\$14.54		\$25.94	\$0.00	\$21.78	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$133.09	\$69.96	\$0.00	\$15.86	\$14.54		\$24.02	\$0.00	8.00 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.62	\$9.35	\$0.00	\$2.12	\$1.94	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.71	\$79.31	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	\$0.00	\$8.00	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6880								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$133.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.28	\$133.88	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	\$0.00	\$8.00	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.34	\$1.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.02	\$4.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$227.90	\$139.77	\$0.00	\$18.20	\$16.89	\$0.00	\$44.33	\$0.00	\$8.00	\$0.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.10									

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

FINAL

Provider: Cartersville Heights Care and Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143085A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.5517	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		29.2%	1.0%	Quarterly Medicaid CMI:			1.4131	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		3.27	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4377	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5517								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwrth 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	\$15.29	\$14.75	\$0.00	\$23.31	\$2.13	\$12.25	\$0.73
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4377								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.49	\$66.03	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.66	\$0.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$20.90	\$3.17	\$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	\$155.39	\$69.20	\$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	\$103.72									

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

FINAL

<div> <div> Provider: Cedar Springs Health and Rehab Center Prvdr ID: 00140544A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 9.4% Nurse Hours per On-Site Day/Quality Incentive: 3.15 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5659 Quarterly Medicaid CMI: 1.5052 Qtrly Mcaid CMI w RUG Wght Options: 1.5326 </div> <div> Facility Specific 1.5659 1.5052 1.5326 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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								24,152		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$127.76	\$72.64	\$0.00	\$14.21	\$18.78	(with L&H)	\$15.51	\$5.65	\$0.27	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5659</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$109.41	\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	8.17 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.68	\$6.20	\$0.00	\$1.90	\$2.51	\$0.00	\$2.07	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.09	\$52.59	\$0.00	\$16.11	\$21.29	\$0.00	\$17.58	\$5.65	\$8.17	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5326</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.10	\$80.60	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.05	\$2.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.15	\$83.55	\$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	\$115.54									

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

FINAL

Provider: Cedar Valley Nursing and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142557A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4235				1.4014		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score 18.8%	0.0%	Quarterly Medicaid CMI: 1.3892				1.4488			
		Nurse Hours per On-Site Day/Quality Incentive: 2.92	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4115				1.4737			

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance h	Property and Related i	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,209,527	\$1,082,784	\$0	\$196,985	\$116,921	\$109,719	\$403,891	\$0	\$299,227	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	\$16,961	\$0	\$0	\$0	\$1,494	(\$819)	\$12,568		(\$10,759)	\$14,477
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,226,488	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$0	\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$161.87	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30.28	\$0.00	\$20.97	\$1.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.30	\$0.00	\$14.32	\$16.53		\$30.28	\$0.00	\$20.97	\$1.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$120.38	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.00	9.16 (FRV)	\$1.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Althnc %	\$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	\$135.10	\$62.69	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.00	\$9.16	\$1.05
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4115								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.90	\$88.49	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.00	\$9.16	\$1.05
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$20.91	\$3.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.81	\$91.67	\$0.00	\$16.45	\$19.15	\$0.00	\$44.33	\$0.00	\$9.16	\$1.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.53									

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

FINAL

Provider: Chaplinwood Health & Rehab		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059694A		Growth Allowance: N/A				13.37%	1.0%	Base Period Overall CMI: 1.3992			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019		Qtrly BIMS score 27.6%				3.52	3.0%	Quarterly Medicaid CMI: 1.1427			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:						Qtrly Mcaid CMI w RUG Wght Options: 1.1591			1.4737	
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	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,389,830	\$2,274,044	\$0	\$395,614	\$242,480	\$328,747	\$570,679	\$95,889	\$482,377	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
7	Cost 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
8	Total Nursing Facility Days As Filed Days = 28,038	FY12 Audited C/R Days	28,038									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415	FY 18 GL-PL Ins Rpt Days								33,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3992</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	\$16.43	\$0.82
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43 (FRV)	\$0.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Althmc %	\$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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1591</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.66	\$76.18	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2.87	\$10.43	\$0.82
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$2.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.68	\$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	\$173.34	\$79.76	\$0.00	\$16.16	\$23.50	\$0.00	\$39.80	\$2.87	\$10.43	\$0.82
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.18									

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

FINAL

Provider: Chatsworth Health Care Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00209778A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2919				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 46.8%	5.5%	Quarterly Medicaid CMI: 1.4098				1.4488	
					2.75	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4367				1.4737	
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.16								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$120.74	\$55.16	\$0.00	\$14.96	\$19.00		\$18.19	\$3.28	8.66 (FRV)	\$1.49
Quarterly Per Diem Rate Prior to Add-ons												
15	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 Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.08	\$62.53	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4367								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.39	\$89.84	\$0.00	\$16.96	\$21.54	\$0.00	\$20.62	\$3.28	\$8.66	\$1.49
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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.94	\$4.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$26.27	\$8.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.66	\$98.01	\$0.00	\$17.18	\$21.95	\$0.00	\$38.09	\$3.28	\$8.66	\$1.49
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128.67									

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

FINAL

<div> <div> Provider: Chatuge Regional Nursing Home Prvdr ID: 00143338A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.5% Nurse Hours per On-Site Day/Quality Incentive: 3.63 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2895 Quarterly Medicaid CMI: 1.1988 Qtrly Mcaid CMI w RUG Wght Options: 1.2187 </div> <div> Facility Specific: 1.2895 1.1988 1.2187 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
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	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$103,659)	(\$32,041)	\$0	\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	40,036							39,599		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.96	\$86.20	\$0.00	\$27.29	\$23.23	(with L&H)	\$14.84	\$2.07	\$5.33	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2895</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.85								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	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 Svcs)	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	\$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 = <u>13.37%</u>	Ln 14 x Grwth Althnc %	\$17.66	\$8.94	\$0.00	\$3.65	\$3.09	\$0.00	\$1.98	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$161.93	\$75.79	\$0.00	\$30.94	\$26.18	\$0.00	\$16.82	\$2.07	\$10.13	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2187</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$178.51	\$92.37	\$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 ([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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
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	\$23.30	\$5.61	\$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	\$201.81	\$97.98	\$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	\$138.53									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Chelsey Park H&R Prvdr ID: 003165720A H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 16.1% 5.15	Add-on Percent 13.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.6644 1.6957	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 56,831		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								19,081		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.58	\$4.00
	Allowed @ 95% of Std		\$168.47	\$67.93		\$17.49	\$21.94		\$19.53		\$37.58	\$4.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$188.42	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.98	\$37.58	\$4.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6957							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$130.59								
	Quarterly Medicaid CMA Allowed Per Diem		\$241.99	\$130.59		\$19.83	\$24.87		\$22.14	\$2.98	\$37.58	\$4.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.92	\$3.92								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.02									
	Quarterly Case Mix Based Per Diem Rate		\$263.01	\$134.51		\$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%	\$184.43										

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

FINAL

Provider: Cherry Blossom Health Care Prvdr ID: 00413509A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 21.7% Nurse Hours per On-Site Day/Quality Incentive: 3.51		N/A	13.37% 1.0% 3.0%	Base Period Overall CMI: 1.2276 Quarterly Medicaid CMI: 1.8234 Qtrtry Mcaid CMI w RUG Wght Options: 1.8588			1.2276 1.8234 1.4737	1.3617 1.4488 1.4737
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
7	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		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.2276								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	\$11.42	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10.19 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.8588								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.91	\$132.12	\$0.00	\$16.12	\$17.82	\$0.00	\$21.40	\$3.07	\$10.19	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.96	\$3.96								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.91	\$5.81	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$225.82	\$137.93	\$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	(Ln 25 - Ln 23) * 0.75	\$156.54									

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

FINAL

Provider: Chestnut Ridge Nursing & Rehabilitation Center		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00228049A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5075				1.5075	1.4014	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.01		Qtrly BIMS score: 27.6%	1.0%	Quarterly Medicaid CMI: 1.5081				1.5081	1.4488	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5341				1.5341	1.4737	
Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance h	Property and Related i	Taxes and Insurance i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,931,402	\$2,188,570	\$0	\$329,394	\$146,352	\$174,816	\$645,490	\$0	\$446,780	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$6,405)	(\$16,418)	\$0	\$0	\$3,624	\$89	(\$7,428)		\$664	\$13,064
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,924,997	\$2,172,152	\$0	\$329,394	\$149,976	\$174,905	\$638,062	\$0	\$447,444	\$13,064
8	Total Nursing Facility Days As Filed Days = 24,050	FY14 Audited C/R Days	24,050									
	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 Svcs	Ln 7 / Ln 8 Col a	\$163.20	\$90.32	\$0.00	\$13.70	\$13.51	(with L&H)	\$26.53	\$0.00	\$18.60	\$0.54
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY10		<u>1.5075</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.91	\$0.00	\$13.70	\$13.51		\$26.53	\$0.00	\$18.60	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$119.06	\$59.91	\$0.00	\$13.70	\$13.51		\$24.02	\$0.00	7.38 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.4%</u>	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$133.92	\$67.92	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.00	\$7.38	\$0.54
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5341</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.20	\$104.20	\$0.00	\$15.53	\$15.32	\$0.00	\$27.23	\$0.00	\$7.38	\$0.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.58	\$107.85	\$0.00	\$15.75	\$15.73	\$0.00	\$44.33	\$0.00	\$7.38	\$0.54
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.86									

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

FINAL

<div> <div> Provider: Christian City Convalescent Center, Inc. Prvdr ID: 00158034A </div> <div> <div> Add-on Data and Percentages </div> <div> Growth Allowance: N/A Qtrly BIMS score 47.9% Nurse Hours per On-Site Day/Quality Incentive: 3.68 </div> </div> <div> Facility Score Add-on Percent 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4851 Quarterly Medicaid CMI: 1.4536 Qtrly Mcaid CMI w RUG Wght Options: 1.4810 1.4737 </div> <div> Facility Specific State-wide </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$274,623)	\$0	\$0	\$0	(\$11,663)	(\$6,489)	(\$248,291)		(\$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 Svcs	Ln 7 / Ln 8 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		1.4851								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4810								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.51	\$109.67	\$0.00	\$18.13	\$21.28	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.03	\$6.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.48	\$9.85	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.99	\$119.52	\$0.00	\$18.35	\$21.69	\$0.00	\$23.31	\$6.99	\$12.63	\$0.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.24									

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

FINAL

<div> <div> Provider: Chulio Hills Health and Rehab Center Prvdr ID: 00143437A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qltry BIMS score: 29.5% Nurse Hours per On-Site Day/Quality Incentive: 4.31 </div> <div> Facility Score Add-on Percent 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2223 Quarterly Medicaid CMI: 1.6180 Qltry Mcaid CMI w RUG Wght Options: 1.6454 </div> <div> Facility Specific 1.2223 1.6180 1.6454 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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 Svcs	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 qlrs of FY12		1.2223								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.11	\$7.69	\$0.00	\$1.80	\$2.45	\$0.00	\$2.17	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.61	\$65.17	\$0.00	\$15.23	\$20.80	\$0.00	\$18.37	\$3.30	\$9.96	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6454								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.67	\$107.23	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.51	\$110.97	\$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	\$135.31									

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

FINAL

<div> <div> Provider: Church Home Rehab & Healthcare Prvdr ID: 00140467A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.2% Nurse Hours per On-Site Day/Quality Incentive: 4.07 </div> <div> Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2835 Quarterly Medicaid CMI: 1.4279 Qtrly Mcaid CMI w RUG Wght Options: 1.4564 </div> <div> Facility Specific 1.2835 1.4279 1.4564 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$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	\$158.07	\$69.55	\$0.00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4564								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.81	\$101.29	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$213.64	\$107.39	\$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	\$147.41									

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

FINAL

Provider: Clinch Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142106A		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3288	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019		Qtrly BIMS score		21.9%	1.0%	Quarterly Medicaid CMI:			1.4623	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		2.58	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4875	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	29,010									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,515								23,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$37.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$10.47	\$5.07	\$0.00	\$1.46	\$1.85	\$0.00	\$2.09	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4875								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.17	\$63.90	\$0.00	\$12.38	\$15.71	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.64	\$0.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.28	\$1.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.55	\$2.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$138.72	\$66.35	\$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	\$91.22									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

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Provider: Coastal Manor Prvdr ID: 00856028A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score 43.0% Nurse Hours per On-Site Day/Quality Incentive: 4.37		N/A	13.37%	Base Period Overall CMI: 1.3441 Quarterly Medicaid CMI: 1.3936 Qtrly Mcaid CMI w RUG Wght Options: 1.4198			1.3441 1.3936 1.4198	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,004,109	\$3,214,333	\$0	\$920,655	\$444,875	\$668,322	\$1,418,483	\$117,406	\$1,220,035	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$69,710)	\$0	\$0	\$0	\$3,632	\$5,455	(\$88,647)		(\$3,213)	\$13,063
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$448,507	\$673,777	\$1,329,836	\$117,406	\$1,216,822	\$13,063
8	Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL Ins Rpt Days								37,331		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$220.19	\$89.25	\$0.00	\$25.56	\$31.16	(with L&H)	\$36.93	\$3.14	\$33.79	\$0.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3441								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$155.95	\$66.40	\$0.00	\$25.56	\$23.09		\$20.56	\$3.14	16.84 (FRV)	\$0.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhwnc %	\$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		1.4198								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.69	\$106.88	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$5.34	\$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	\$228.35	\$112.22	\$0.00	\$29.20	\$26.18	\$0.00	\$40.41	\$3.14	\$16.84	\$0.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158.44									

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

FINAL

<div> <div> Provider: Cobblestone Rehab and Healthcare Center Prvdr ID: 00142711A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 18.9% Nurse Hours per On-Site Day/Quality Incentive: 4.13 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4590 Quarterly Medicaid CMI: 1.3086 Qtrly Mcaid CMI w RUG Wght Options: 1.3316 </div> <div> Facility Specific: 1.4590 1.3086 1.3316 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$50,908)	(\$2,304)	\$0	(\$9,289)	(\$811)	\$1,104	(\$38,342)		(\$67,207)	\$65,941
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,664,164	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221	\$382,687	\$65,941
8	Total Nursing Facility Days As Filed Days = 20,374	FY12 Audited C/R Days	20,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY 18 GL-PL Ins Rpt Days								19,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4590								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$132.10	\$52.45	\$0.00	\$15.30	\$23.09		\$20.56	\$0.31	17.15 (FRV)	\$3.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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	\$147.00	\$59.46	\$0.00	\$17.35	\$26.18	\$0.00	\$23.31	\$0.31	\$17.15	\$3.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3316								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.72	\$79.18	\$0.00	\$17.35	\$26.18	\$0.00	\$23.31	\$0.31	\$17.15	\$3.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$20.23	\$2.91	\$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	\$186.95	\$82.09	\$0.00	\$17.57	\$26.18	\$0.00	\$40.41	\$0.31	\$17.15	\$3.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.39									

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

FINAL

Provider: College Park Health Care Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140654A			Growth Allowance: N/A			N/A	13.37%	Base Period Overall CMI:			1.2906	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 34.3%			34.3%	2.5%	Quarterly Medicaid CMI:			1.3950	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.30			2.30	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4201	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20.25	\$0.60	\$18.43	\$1.44
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 Medicaid Residents	per Current Qtr End		1.4201								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.27	\$89.18	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.39	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.23		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.50	\$4.54	\$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	\$181.77	\$93.72	\$0.00	\$17.83	\$20.25	\$0.00	\$40.29	\$0.60	\$7.64	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.50									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Comer Health and Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00220448A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2625				1.2625	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.59		Qltry BIMS score: 47.3%	5.5%	Quarterly Medicaid CMI: 1.3856				1.3856	1.4488
					3.0%	Qltry Mcaid CMI w RUG Wght Options: 1.4093				1.4093	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$514,843)	\$0	\$0	\$0	\$0	\$0	(\$514,843)		(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 38,270										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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												
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		1.4093								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.41	\$99.58	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.48	\$5.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.10	\$9.00	\$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	\$198.51	\$108.58	\$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	\$136.06									

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

FINAL

Provider: Comfort Creek NRC of Wadley Prvdr ID: 00141138A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 34.5% Nurse Hours per On-Site Day/Quality Incentive: 2.70		N/A	13.37% 2.5% 3.0%	Base Period Overall CMI: 1.3067 Quarterly Medicaid CMI: 1.4936 Qtrly Mcaid CMI w RUG Wght Options: 1.5216			1.3617 1.4488 1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3067								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.33	\$0.00	\$14.54	\$19.42		\$13.33	\$2.80	\$7.56	\$1.66
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.66
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	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		1.5216								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.28	\$79.91	\$0.00	\$16.48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1.66
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.31	\$84.84	\$0.00	\$16.70	\$22.43	\$0.00	\$32.58	\$2.80	\$8.30	\$1.66
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.16									

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

FINAL

Provider: Cook Senior Living Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059826A			Growth Allowance: N/A			13.37%	13.37%	Base Period Overall CMI: 1.4305			1.3699	
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score: 35.3%			2.5%	2.5%	Quarterly Medicaid CMI: 1.3144			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.11			3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3351			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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	(\$49,757)	\$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								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,753	FY 18 GL-PL Ins Rpt Days							31,753		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.77	\$75.09	\$0.00	\$26.00	\$24.00	(with L&H)	\$20.08	\$1.08	\$14.18	\$0.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4305								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.49								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.49	\$0.00	\$26.00	\$24.00		\$20.08	\$1.08	\$14.18	\$0.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$73.90	\$0.00	\$28.00	\$23.27		\$23.46	\$0.00	N/A	
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		\$20.08	\$1.08	8.08	\$0.34
											(FRV)	
	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3351								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.57	\$79.45	\$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 ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.99	\$1.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.90	\$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	\$190.16	\$84.35	\$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	\$129.80									

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

FINAL

Provider:	Cordele Health & Rehab			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID:	00059892A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.1887	1.3699
	Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score		35.4%	2.5%	Quarterly Medicaid CMI:			1.4885	1.4488
	MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		4.87	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5152	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,836										
		FY13 Audited C/R Days	11,808									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.1887								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$16.85	\$9.11	\$0.00	\$2.56	\$2.04	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5152								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.79	\$117.00	\$0.00	\$21.70	\$17.33	\$0.00	\$26.60	\$3.26	\$8.62	\$1.28
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stdnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.93	\$2.93								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.51	\$3.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.48	\$6.97	\$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	\$220.27	\$123.97	\$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	\$152.38									

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

FINAL

<div> <div> Provider: Countryside Health Center Prvdr ID: 00141666A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.3% Nurse Hours per On-Site Day/Quality Incentive: 2.55 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1147 Quarterly Medicaid CMI: 1.5085 Qtrly Mcaid CMI w RUG Wght Options: 1.5352 </div> <div> Facility Specific: 1.1147 1.5085 1.5352 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	19,464									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,564								19,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$103.31	\$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												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.62	\$6.68	\$0.00	\$1.87	\$2.38	\$0.00	\$1.69	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.93	\$56.67	\$0.00	\$15.84	\$20.15	\$0.00	\$14.30	\$2.06	\$6.13	\$0.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5352								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.26	\$87.00	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.74	\$1.74								
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	\$22.55	\$4.45	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.81	\$91.45	\$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	\$113.78									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Covenant Dove- Macon				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141523A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.5027	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		40.3%	2.5%	Quarterly Medicaid CMI:			1.5576	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		4.02	1.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5846	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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		17,788								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,726										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allownc %	\$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)	Ln 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		1.5846								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$193.10	\$116.39	\$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		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.91	\$2.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.16	\$1.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.33	\$4.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.43	\$120.99	\$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	\$148.75									

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

FINAL

<div> <div> Provider: Crestview Nursing Facility Prvdr ID: 00273567A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 31.4% Nurse Hours per On-Site Day/Quality Incentive: 2.40 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1823 Quarterly Medicaid CMI: 1.1262 Qtrly Mcaid CMI w RUG Wght Options: 1.1401 </div> <div> Facility Specific 1.1823 1.1262 1.1401 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.33								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$140.87	\$71.51	\$0.00	\$14.29	\$23.09		\$20.56	\$1.54	9.83 (FRV)	\$0.05
Quarterly Per Diem Rate Prior to Add-ons												
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		1.1401								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.54	\$92.43	\$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 ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
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	\$4.38	\$4.16	\$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	\$173.92	\$96.59	\$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	\$130.44									

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

FINAL

Provider: Crisp Regional Nursing and Rehab Ctr			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00274128A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4206			1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.55		Qtrly BIMS score: 30.6%	2.5%	Quarterly Medicaid CMI: 1.4732			1.4488		
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4994			1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4206</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.61	\$8.04	\$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	\$153.55	\$68.15	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4994</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.58	\$102.18	\$0.00	\$23.18	\$26.18	\$0.00	\$23.31	\$2.81	\$9.62	\$0.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$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	\$23.47	\$6.15	\$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	\$211.05	\$108.33	\$0.00	\$23.40	\$26.18	\$0.00	\$40.41	\$2.81	\$9.62	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.46									

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

FINAL

Provider: Cross View Care Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142502A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.1512	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score			25.0%	1.0%	Quarterly Medicaid CMI:			1.3744	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			2.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3970	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0	\$0	\$0	(\$200)	\$0	\$893		(\$32,517)	\$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	16,252									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,178								24,178		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.1512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$40.64	\$0.00	\$17.34	\$28.67		\$18.75	\$0.77	\$2.23	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$110.45	\$40.64	\$0.00	\$17.34	\$23.27		\$18.75	\$0.77	7.68 (FRV)	\$2.00
Quarterly Per Diem Rate Prior to Add-ons												
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)	Ln 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		1.3970								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.11	\$64.36	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.64	\$0.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.79	\$3.10	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$162.90	\$67.46	\$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	\$109.35									

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

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<div> <div> Provider: Cumming Nursing Center Prvdr ID: 00140302A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 67.5% Nurse Hours per On-Site Day/Quality Incentive: 4.40 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3016 Quarterly Medicaid CMI: 1.5599 Qtrly Mcaid CMI w RUG Wght Options: 1.5887 </div> <div> Facility Specific: 1.3016 1.5599 1.5887 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Rpt Days								41,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5887								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.13	\$128.80	\$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 ((Std - Ahdj) 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 Svcs)	Ln 19 Col b x CPS Add-on	\$7.08	\$7.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.86	\$3.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.82	\$10.94	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.95	\$139.74	\$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	\$161.89									

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

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Provider: D. Scott Hudgens Center for Skilled Nursing			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 000815493B			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3112			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.77			Qtrly BIMS score: 37.0%	2.5%	Quarterly Medicaid CMI: 1.3853			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4046			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Audited 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 Svcs	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		1.3112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.82
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 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 Qtr End		1.4046								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.47	\$113.87	\$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 (IStnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.59	\$6.27	\$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	\$235.06	\$120.14	\$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	\$163.47									

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

FINAL

Provider: Dade Health and Rehab Center				<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00142865A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2764			1.2764	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.57		Qtrly BIMS score: 42.6%	2.5%	Quarterly Medicaid CMI: 1.2478			1.2478	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2707			1.2707	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776	\$1,717,831	\$0	\$355,660	\$196,685	\$255,318	\$430,524	\$136,420	\$17,338	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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 Svcs	Ln 7 / Ln 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		1.2764								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwrth Allwnc %	\$14.89	\$7.83	\$0.00	\$2.08	\$2.64	\$0.00	\$2.34	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.61	\$66.43	\$0.00	\$17.61	\$22.39	\$0.00	\$19.81	\$6.29	\$8.51	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2707								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.59	\$84.41	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.86	\$89.58	\$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	\$124.32									

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

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Provider: Dawson Health & Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00140808A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:			1.2140	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score	31.0%	2.5%	Quarterly Medicaid CMI:			1.3979	1.4488
							3.51	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4217	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstrmts	(\$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 Svcs	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		1.2140									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.73	
Quarterly Per Diem Rate Prior to Add-ons													
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		1.4217									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.22									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.12	\$91.22	\$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 ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$180.77	\$96.77	\$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	\$122.75										

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

FINAL

Provider: Decatur 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: 00059452A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.7909	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		31.4%	2.5%	Quarterly Medicaid CMI:			1.4419	1.4488
						3.38	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4658	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,394										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20.56	\$0.11	13.20 (FRV)	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.4658								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.44	\$83.49	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$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	\$182.29	\$88.61	\$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	\$123.89									

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

FINAL

Provider: Delmar Gardens of Gwinnett, Inc.			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00395161A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2576				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.58		Qtrly BIMS score: 22.9%	1.0%	Quarterly Medicaid CMI: 1.2053				1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2177				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7	Cost Center Costs After Audit Adjustments	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-PL Ins. Rpt As Filed Days = 21,614	FY 18 GL-PL Ins Rpt Days								21,614		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 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 Index for All Residents	from 4 qtrs of FY12		1.2576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 CMA for Routine Svcs)	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	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1.38	9.39 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	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 Allowance Add-on)	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 for Medicaid Residents	per Current Qtr End		1.2177								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.84	\$93.78	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$1.38	\$9.39	\$0.93
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$21.38	\$4.28	\$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	\$197.22	\$98.06	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$1.38	\$9.39	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.09									

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

FINAL

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: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2475				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.35		Qtrly BIMS score 25.3%	1.0%	Quarterly Medicaid CMI: 1.1328				1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1445				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$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 qtrs of FY12		1.2475								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$130.91	\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	10.16 (FRV)	\$0.99
Quarterly Per Diem Rate Prior to Add-ons												
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	\$21.01	\$1.43	\$10.16	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1445								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.01	\$81.43	\$0.00	\$18.92	\$23.07	\$0.00	\$21.01	\$1.43	\$10.16	\$0.99
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.81	\$0.81								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$21.88	\$3.78	\$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	\$178.89	\$85.21	\$0.00	\$19.14	\$23.48	\$0.00	\$38.48	\$1.43	\$10.16	\$0.99
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.34									

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

FINAL

Provider: Douglasville Nursing and Rehab Ctr.		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Pvdr ID: 00141083A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5626				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 35.9%	2.5%	Quarterly Medicaid CMI: 1.4327				1.4488		
					3.37	Qtrly Mcaid CMI w RUG Wght Options: 1.4558				1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,063,143	\$7,214,948	\$0	\$1,236,773	\$467,088	\$620,301	\$1,444,343	\$98,758	\$980,932	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$51,132)	(\$19,841)	\$0	(\$6,227)	(\$145)	\$29,333	(\$32,022)		(\$128,218)	\$105,988
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,012,011	\$7,195,107	\$0	\$1,230,546	\$466,943	\$649,634	\$1,412,321	\$98,758	\$852,714	\$105,988
8	Total Nursing Facility Days As Filed Days = 81,943	FY12 Audited C/R Days	81,943									
	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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5626</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhwc %	\$13.64	\$7.51	\$0.00	\$2.01	\$1.82	\$0.00	\$2.30	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4558</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.55	\$92.73	\$0.00	\$17.03	\$15.45	\$0.00	\$19.54	\$1.16	\$14.35	\$1.29
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.85	\$1.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$4.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.35	\$97.43	\$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	\$125.44									

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

FINAL

Provider: Dublinair Health & Rehab Center		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00059947A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2467				1.2467	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 30.4%	2.5%	Quarterly Medicaid CMI: 1.5551				1.5551	1.4488	
				2.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5839				1.5839	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 GL-PL 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 Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2467</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5839</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.19	\$97.79	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$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	\$184.19	\$103.69	\$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	\$125.32									

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

FINAL

Provider: Dunwoody Health and Rehab Ctr			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00815295A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.6363				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.64		Qtrly BIMS score: 17.6%	0.0%	Quarterly Medicaid CMI: 1.7589				1.4488	
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7915				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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								71,443		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6363</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.59								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$2.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Gnrwth 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7915</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$143.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$225.37	\$143.37	\$0.00	\$19.65	\$18.50	\$0.00	\$23.31	\$0.08	\$17.68	\$2.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$246.50	\$146.77	\$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	\$172.05									

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

FINAL

<div> <div> Provider: Eagle Health Prvdr ID: 00143151A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qltry BIMS score 43.9% Nurse Hours per On-Site Day/Quality Incentive: 3.73 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3784 Quarterly Medicaid CMI: 1.5726 Qltry Mcaid CMI w RUG Wght Options: 1.6014 </div> <div> Facility Specific 1.3784 1.5726 1.6014 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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-PL Ins. Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days								27,726		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.02								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
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)	Ln 14 + Ln 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 Qtr End		1.6014								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.69	\$121.67	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.04	\$3.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$23.73	\$6.00	\$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	\$224.42	\$127.67	\$0.00	\$18.12	\$23.37	\$0.00	\$40.41	\$4.14	\$9.38	\$1.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.49									

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

FINAL

<div> <div> Provider: Early Memorial Nursing Home Prvdr ID: 00140874A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.7% Nurse Hours per On-Site Day/Quality Incentive: 3.86 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2350 Quarterly Medicaid CMI: 1.0685 Qtrly Mcaid CMI w RUG Wght Options: 1.0825 </div> <div> Facility Specific: 1.2350 1.0685 1.0825 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,864,202	\$2,508,700	\$0	\$569,553	\$422,855	\$545,988	\$1,782,433	\$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	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$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	FY12 Audited C/R Days	32,050									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL Ins Rpt Days								33,004		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$183.44	\$76.01	\$0.00	\$17.76	\$32.01	(with L&H)	\$56.57	\$0.00	\$1.09	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2350								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$131.70	\$61.55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
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 Medicaid Residents	per Current Qtr End		1.0825								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.90	\$75.54	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.76	\$0.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$2.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$174.78	\$79.10	\$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	\$118.26									

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

FINAL

Provider: East Lake Arbor				Facility Score		Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140137A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.2163				1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 47.3%		5.5%	Quarterly Medicaid CMI: 1.3490				1.4488	
				Nurse Hours per On-Site Day/Quality Incentive: 2.77		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4004				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Audited 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 Svcs	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		1.2163								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$126.93	\$60.69	\$0.00	\$16.34	\$18.56		\$16.17	\$3.96	9.61 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4004								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.41	\$96.35	\$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 ((Std - Actd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.86	\$7.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.27	\$104.11	\$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	\$133.63									

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

FINAL

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%	13.37%	Base Period Overall CMI:				1.1568	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19				Qtrly BIMS score		46.1%	5.5%	Quarterly Medicaid CMI:				1.3564	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		2.55	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3799	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$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									
	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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.50									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.52	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.00	\$6.62	\$0.00	\$2.19	\$2.02	\$0.00	\$2.17	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.60	\$56.12	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0.52	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3799									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.44									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.92	\$77.44	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0.52	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((SInd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.26	\$4.26									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.55	\$1.55									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.44	\$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	\$165.36	\$83.78	\$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	\$111.20										

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

FINAL

<div> <div> Provider: Eastview Nursing Home Prvdr ID: 00140885A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 44.6% Nurse Hours per On-Site Day/Quality Incentive: 3.04 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4001 Quarterly Medicaid CMI: 1.5134 Qtrly Mcaid CMI w RUG Wght Options: 1.5409 </div> <div> Facility Specific 1.4001 1.5134 1.5409 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpg	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	29,341									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY12 Audited C/R Days										
		FY 18 GL-PL Ins Rpt Days								25,662		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.93
Quarterly Per Diem Rate Prior to Add-ons												
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	\$21.05	\$0.00	\$19.32	\$2.96	\$7.78	\$0.93
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5409								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.41	\$76.09	\$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 ((Sind - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$4.71	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.22	\$80.80	\$0.00	\$14.50	\$21.46	\$0.00	\$36.79	\$2.96	\$7.78	\$0.93
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.09									

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

FINAL

<div> <div> Provider: Eatonton Health & Rehabilitation Center Prvdr ID: 00223473A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.8% Nurse Hours per On-Site Day/Quality Incentive: 3.17 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3434 Quarterly Medicaid CMI: 1.3691 Qtrly Mcaid CMI w RUG Wght Options: 1.3889 </div> <div> Facility Specific: 1.3434 1.3691 1.3889 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,786 As Filed Days = 28,030	28,786									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$122.56	\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3.59	8.76 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$137.22	\$66.90	\$0.00	\$16.88	\$20.51	\$0.00	\$20.01	\$3.59	\$8.76	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3889								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.24	\$92.92	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.79	\$2.79								
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	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.98	\$98.56	\$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	\$127.41									

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

FINAL

Provider: Effingham Extended Care Facility			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140907A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2538				1.2538	1.3517
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.95		Qtrly BIMS score: 45.8%	5.5%	Quarterly Medicaid CMI: 1.2407				1.2407	1.4488
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2573				1.2573	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnrs & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,424										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$226.00	\$101.93	\$0.00	\$32.64	\$29.73	(with L&H)	\$47.53	\$2.93	\$10.54	\$0.70
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2538								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$81.30	\$0.00	\$32.64	\$29.73		\$47.53	\$2.93	\$10.54	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$158.28	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.93	10.34 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$177.58	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.93	\$10.34	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.2573								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.44	\$101.93	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.61	\$5.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$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	\$24.75	\$7.65	\$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	\$223.19	\$109.58	\$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	\$154.57									

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

FINAL

<div> <div> Provider: Elberta Health Care Prvdr ID: 00140918A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 51.2% Nurse Hours per On-Site Day/Quality Incentive: 3.33 </div> <div> Facility Score Add-on Percent 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4655 Quarterly Medicaid CMI: 1.7862 Qtrly Mcaid CMI w RUG Wght Options: 1.8220 </div> <div> Facility Specific 1.4655 1.7862 1.8220 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Audited 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 Svcs	Ln 7 / Ln 8 Col 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		1.4655								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
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		1.8220								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.48	\$92.36	\$0.00	\$15.27	\$19.00	\$0.00	\$23.31	\$2.66	\$7.97	\$0.91
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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
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	\$26.11	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.59	\$100.74	\$0.00	\$15.49	\$19.41	\$0.00	\$40.41	\$2.66	\$7.97	\$0.91
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.87									

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

FINAL

Provider: Emanuel Medical Center Nursing Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140929A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.1993			1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 42.5%		Qtrly BIMS score: 2.5%		3.0%	Quarterly Medicaid CMI: 1.2133			1.4488		
				4.69			Qtrly Mcaid CMI w RUG Wght Options: 1.2339			1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	\$9,028
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	\$9,028
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 Svcs	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	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1993								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76		\$35.52	\$0.40	\$8.62	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
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	\$177.02	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2339								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.98	\$100.03	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12.49	\$0.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.60	\$5.50	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.58	\$105.53	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.40	\$12.49	\$0.52
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.11									

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

FINAL

<div> <div> Provider: Etowah Landing Care and Rehab Prvdr ID: 00142766A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.0% Nurse Hours per On-Site Day/Quality Incentive: 3.02 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3514 Quarterly Medicaid CMI: 1.5260 Qtrly Mcaid CMI w RUG Wght Options: 1.5542 </div> <div> Facility Specific: 1.3514 1.5260 1.5542 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,805,075	\$2,164,497	\$0	\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,895 As Filed Days = 24,674	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,939								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.3514								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhwc %	\$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)	Ln 14 + Ln 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 Qtr End		1.5542								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.98	\$82.61	\$0.00	\$14.41	\$18.22	\$0.00	\$23.31	\$1.60	\$8.00	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (ISind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$21.98	\$4.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.95	\$86.86	\$0.00	\$14.63	\$18.63	\$0.00	\$40.41	\$1.60	\$8.00	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.40									

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

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Provider: Evergreen Health and Rehab		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Pvdr ID: 835154999A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	Qtrly BIMS score 94.8%	13.37%	Base Period Overall CMI: 1.4147				1.4147	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.24	3.0%	Quarterly Medicaid CMI: 1.5469				1.5469	1.4488			
				Qtrly Mcaid CMI w RUG Wght Options: 1.5753				1.5753	1.4737			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$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	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$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 = 33,173	FY 16 GL-PL Ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4147</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5753</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.10	\$88.01	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$25.74	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.84	\$96.02	\$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	\$124.31									

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

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<div> <div> Provider: Evergreen Health and Rehab Prvdr ID: 835154999A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 94.8% Nurse Hours per On-Site Day/Quality Incentive: 3.24 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4147 Quarterly Medicaid CMI: 1.5469 Qtrly Mcaid CMI w RUG Wght Options: 1.5753 </div> <div> Facility Specific: 1.4147 1.5469 1.5753 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311	\$2,247,569	\$0	\$452,219	\$389,276	\$212,958	\$705,784	\$48,450	\$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	\$4,532,885	\$2,245,505	\$0	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,815
8	Total Nursing Facility Days	As Filed Days = 32,208										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,173										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4147								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20.56	\$1.46	6.85 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5753								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.10	\$88.01	\$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 ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.84	\$4.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$25.74	\$8.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.84	\$96.02	\$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	\$124.31									

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

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Provider: Fairburn Health Care Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00173071A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2420	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score		21.4%	1.0%	Quarterly Medicaid CMI:				1.3768	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		2.54	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4018	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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)		(\$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 GL-PL 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.25	\$7.13	\$0.00	\$1.68	\$2.26	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$126.80	\$60.43	\$0.00	\$14.22	\$19.17	\$0.00	\$18.48	\$3.82	\$8.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4018								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.08	\$84.71	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.17	\$3.07	\$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	\$172.25	\$87.78	\$0.00	\$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	\$116.36									

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

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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		35.9%	13.37%	Base Period Overall CMI: 1.3973			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		2.5%	2.5%	Quarterly Medicaid CMI: 1.3669			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.96		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3877			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3973</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$117.61	\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9.59 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3877</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.48	\$86.26	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$23.38	\$5.28	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.86	\$91.54	\$0.00	\$15.28	\$19.81	\$0.00	\$37.58	\$4.26	\$9.59	\$0.80
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.32									

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

FINAL

Provider: Florence Hand Home			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00207083A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1859				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 26.3%		26.3%	1.0%	Quarterly Medicaid CMI: 1.1864				1.4488	
					3.58	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2024				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,721,783	\$5,532,940	\$0	\$1,812,718	\$826,548	\$1,082,209	\$2,162,000	\$70,890	\$1,234,478	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$36,680)	\$0	\$0	\$0	\$0	\$0	(\$36,680)		(\$32,356)	\$32,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$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
8	Total Nursing Facility Days As Filed Days = 49,987	FY12 Audited C/R Days	49,987									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,766	FY 18 GL-PL Ins Rpt Days								49,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$253.78	\$110.69	\$0.00	\$36.26	\$38.19	(with L&H)	\$42.52	\$1.42	\$24.05	\$0.65
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1859</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$93.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24.05	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$160.46	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$1.42	14.08 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$179.76	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2024</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.17	\$97.48	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$1.42	\$14.08	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.99	\$3.89	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.16	\$101.37	\$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	\$150.05									

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

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<div> <div> Provider: Folkston Park Care and Rehab Prvdr ID: 00141006A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 39.7% Nurse Hours per On-Site Day/Quality Incentive: 2.65 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3444 Quarterly Medicaid CMI: 1.4146 Qtrly Mcaid CMI w RUG Wght Options: 1.4382 </div> <div> Facility Specific: 1.3444 1.4146 1.4382 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$410,109)	(\$74,049)	\$0	(\$6,453)	\$6,158	(\$13,614)	(\$325,940)		(\$16,427)	\$20,216
7	Cost Center Costs After Audit Adjustments	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	Total Nursing Facility Days As Filed Days = 28,686	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		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.36	\$63.17	\$0.00	\$13.79	\$13.56	(with L&H)	\$19.03	\$0.64	\$12.47	\$0.70
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3444								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	\$12.47	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$103.00	\$46.99	\$0.00	\$13.79	\$13.56		\$19.03	\$0.64	8.29 (FRV)	\$0.70
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.47	\$6.28	\$0.00	\$1.84	\$1.81	\$0.00	\$2.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.47	\$53.27	\$0.00	\$15.63	\$15.37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4382								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.81	\$76.61	\$0.00	\$15.63	\$15.37	\$0.00	\$21.57	\$0.64	\$8.29	\$0.70
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Ahwcl) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.30	\$2.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.85	\$4.75	\$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	\$161.66	\$81.36	\$0.00	\$15.85	\$15.78	\$0.00	\$39.04	\$0.64	\$8.29	\$0.70
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$108.42									

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

FINAL

<div> <div> Provider: Fort Gaines Healthcare, LLC Prvdr ID: 00140599A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 40.5% Nurse Hours per On-Site Day/Quality Incentive: 2.96 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4652 Quarterly Medicaid CMI: 1.7682 Qtrly Mcaid CMI w RUG Wght Options: 1.8007 </div> <div> Facility Specific 1.4652 1.7682 1.8007 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$156,302)	(\$90,555)	\$0	(\$7,170)	(\$4,452)	\$8,396	(\$33,119)		(\$66,688)	\$37,286
7	Cost Center Costs After Audit Adjustments	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	Total Nursing Facility Days	As Filed Days = 20,637										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,990										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	20,637									
		FY 18 GL-PL Ins Rpt Days								18,990		
10	Base Period Facility Case Mix Index for All Residents	Ln 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
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.4652								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$38.05								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	\$18.76	\$1.81
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
		Lesser of Ln 12 or Ln 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19.90	\$0.91	18.99	\$1.81
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.80	\$43.14	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0.91	\$18.99	\$1.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8007								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.34	\$77.68	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0.91	\$18.99	\$1.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.94	\$1.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.33	\$2.33								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$4.80	\$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	\$180.24	\$82.48	\$0.00	\$16.31	\$19.71	\$0.00	\$40.03	\$0.91	\$18.99	\$1.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.36									

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

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Provider: Fort Valley Nursing Ctr.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 00141028A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5800			1.5800	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.32		Qtrly BIMS score: 46.3%		5.5%	1.0%	Qtrly Medicaid CMI: 1.6141			1.6141	1.4488
								Qtrly Mcaid CMI w RUG Wght Options: 1.6451			1.6451	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$180,708)	(\$115,773)	\$0	\$1,927	\$140	\$4,328	(\$31,738)		(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 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		1.5800								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.19	\$4.82	\$0.00	\$1.69	\$2.01	\$0.00	\$2.67	N/A	N/A	N/A
16	CMA Allowed Per Diem (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		1.6451								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.50	\$67.24	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.70	\$3.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.67	\$0.67								
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	\$23.00	\$4.90	\$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	\$154.50	\$72.14	\$0.00	\$14.58	\$17.46	\$0.00	\$40.10	\$0.93	\$8.07	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.05									

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

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Provider: Four County Health Care Center			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00405292A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4294			1.4294	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.81			Qtrly BIMS score: 35.8%	2.5%	Quarterly Medicaid CMI: 1.5872			1.5872	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6163			1.6163	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons												
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		1.6163								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.34	\$84.52	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.28	\$5.18	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.62	\$89.70	\$0.00	\$16.57	\$18.76	\$0.00	\$36.49	\$2.91	\$9.69	\$1.50
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.89									

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

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<div> <div> Provider: Fox Glove Court Care and Rehab Prvdr ID: 00143074A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 3.04 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5814 Quarterly Medicaid CMI: 1.6114 Qtrly Mcaid CMI w RUG Wght Options: 1.6417 </div> <div> Facility Specific 1.5814 1.6114 1.6417 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377	\$2,738,111	\$0	\$508,161	\$213,847	\$380,194	\$1,348,813	\$322,292	\$516,959	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$477,587)	(\$176,249)	\$0	(\$19,614)	(\$353)	(\$22,839)	(\$257,168)		(\$47,242)	\$45,878
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,550,790	\$2,561,862	\$0	\$488,547	\$213,494	\$357,355	\$1,091,645	\$322,292	\$469,717	\$45,878
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,744 As Filed Days = 35,957	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	36,724								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.5814								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
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		1.6417								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.23	\$82.10	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.52	\$4.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.46	\$2.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.24	\$7.51	\$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	\$181.47	\$89.61	\$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	\$123.28									

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

FINAL

<div> <div> Provider: Friendship Health and Rehab Center Prvdr ID: 00141567A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.2% Nurse Hours per On-Site Day/Quality Incentive: 3.84 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2454 Quarterly Medicaid CMI: 1.3335 Qtrly Mcaid CMI w RUG Wght Options: 1.3568 </div> <div> Facility Specific: 1.2454 1.3335 1.3568 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$40,141)	(\$6,289)	\$0	\$0	\$0	(\$1,161)	(\$39,524)		(\$7,984)	\$14,817
7	Cost 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	28,995									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 28,896								28,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2454</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.01								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	\$0.25	\$0.51
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$121.06	\$56.01	\$0.00	\$14.20	\$22.41		\$16.85	\$3.39	7.69 (FRV)	\$0.51
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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
16	CMA 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
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3568</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.36	\$86.16	\$0.00	\$16.10	\$25.41	\$0.00	\$19.10	\$3.39	\$7.69	\$0.51
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.26	\$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	\$181.72	\$91.42	\$0.00	\$16.32	\$25.82	\$0.00	\$36.57	\$3.39	\$7.69	\$0.51
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.47									

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

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Provider: Gateway 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: 00140786A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3591			1.3591	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.29		Qtrly BIMS score 28.0%	1.0%	Quarterly Medicaid CMI: 1.3043			1.3043	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3269			1.3269	1.4737
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,672,213	\$1,449,766	\$0	\$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 Adjmts	(\$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 Svcs	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		1.3591								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$117.71	\$52.61	\$0.00	\$14.62	\$19.27		\$20.56	\$3.38	6.62 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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	\$16.57	\$21.85	\$0.00	\$23.31	\$3.38	\$6.62	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3269								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.52	\$79.14	\$0.00	\$16.57	\$21.85	\$0.00	\$23.31	\$3.38	\$6.62	\$0.65
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.42	\$3.69	\$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	\$172.94	\$82.83	\$0.00	\$16.79	\$22.26	\$0.00	\$40.41	\$3.38	\$6.62	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$116.88									

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

FINAL

Provider: Gibson Health & Rehabilitation Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141116A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3210	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		32.4%	2.5%	Quarterly Medicaid CMI:			1.4697	1.4488
						3.33	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4954	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Filed 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 Svcs	Ln 7 / Ln 8 Col a	\$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		1.3210								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gnrth Althwnc %	\$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	\$15.76	\$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		1.4954								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.15	\$92.97	\$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 ((Snd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.79	\$2.79								
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	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.89	\$98.61	\$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	\$125.09									

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

FINAL

Provider: Glenn-Mor Nursing Home Prvdr ID: 00141149A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 50.0% Nurse Hours per On-Site Day/Quality Incentive: 3.79		N/A	13.37% 5.5% 2.0%	Base Period Overall CMI: 1.4211 Quarterly Medicaid CMI: 1.2969 Qtrly Mcaid CMI w RUG Wght Options: 1.3175			1.4211 1.2969 1.4737	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)		(\$12,352)	\$6,671
7	Cost Center 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	\$6,671
8	Total Nursing Facility Days	As Filed Days = 22,464	22,464									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,314										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	\$0.30
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4211</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$56.04	\$0.00	\$36.19	\$23.48		\$34.02	\$0.61	\$18.80	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$139.92	\$56.04	\$0.00	\$29.15	\$23.09		\$20.56	\$0.61	10.17 (FRV)	\$0.30
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$157.15	\$63.53	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.61	\$10.17	\$0.30
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3175</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$83.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.32	\$83.70	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.61	\$10.17	\$0.30
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Actwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.60	\$4.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.67	\$1.67								
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	\$23.90	\$6.80	\$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	\$201.22	\$90.50	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.61	\$10.17	\$0.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.09									

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

FINAL

Provider: Glenvue Nursing Home			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141171A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.1177	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score		25.9%	1.0%	Quarterly Medicaid CMI:				1.6028	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		3.00	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6342	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,418,732	\$3,856,931	\$0	\$1,166,738	\$342,378	\$393,106	\$936,768	\$90,989	\$631,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,096)	\$27,282	\$0	(\$418)	\$0	\$155	(\$29,115)		(\$23,365)	\$23,365
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,636	\$3,884,213	\$0	\$1,166,320	\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,658	FY 18 GL-PL Ins Rpt Days								40,658		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1177								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$86.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$86.90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$151.05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2.23	8.62 (FRV)	\$0.58
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$169.72	\$81.07	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.6342								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.13	\$132.48	\$0.00	\$33.05	\$20.86	\$0.00	\$23.31	\$2.23	\$8.62	\$0.58
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.32	\$1.32								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$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	\$21.48	\$3.97	\$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	\$242.61	\$136.45	\$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	(Ln 25 - Ln 23) * 0.75	\$169.13									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Glen Eagle Healthcare and Rehab Prvdr ID: 003214231A H/B ?: No			Add-on Data and Percentages Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:			Facility Score N/A 28.6% 0.00	Add-on Percent 13.37% 1.0% 0.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.6737 1.7023	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$0.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								0		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.00
	Allowed @ 90% of Std		\$158.22	\$64.36		\$16.57	\$20.78		\$18.50		\$38.01	\$0.00
	Growth Allowance 13.37%		\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
	CMA Allowed Per Diem (After Growth Allowance)		\$148.62	\$72.96		\$18.79	\$23.56		\$20.97	\$ 3.03	9.31	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.7023							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$124.21								
	Quarterly Medicaid CMA Allowed Per Diem		\$199.87	\$124.21		\$18.79	\$23.56		\$20.97	\$3.03	\$9.31	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.24	\$1.24								
	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0%		\$0.00	\$0.00								
	Nursing Home Provider Fee		\$17.10						17.1			
	Total Quarterly Per Diem Add-On Amounts		\$18.34									
	Quarterly Case Mix Based Per Diem Rate		\$218.21	\$125.45		\$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%	\$150.83										

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

FINAL

<div> <div> Provider: Glenwood Health and Rehab Center Prvdr ID: 00220514A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.9% Nurse Hours per On-Site Day/Quality Incentive: 3.49 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4921 Quarterly Medicaid CMI: 1.5402 Qtrly Mcaid CMI w RUG Wght Options: 1.5674 </div> <div> Facility Specific: 1.4921 1.5402 1.5674 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col 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		1.4921								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.10
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5674								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.15	\$94.98	\$0.00	\$14.91	\$14.62	\$0.00	\$23.31	\$0.08	\$7.15	\$1.10
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.85	\$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.48	\$5.75	\$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	\$179.63	\$100.73	\$0.00	\$15.13	\$15.03	\$0.00	\$40.41	\$0.08	\$7.15	\$1.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.90									

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

FINAL

Provider: Glenwood Healthcare				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Pvdr ID: 701562744A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4106			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 28.9%	1.0%	Quarterly Medicaid CMI: 1.5406			1.4488	
						2.54	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5702			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	17,349									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 16,109										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4106								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85 (FRV)	\$2.95
Quarterly Per Diem Rate Prior to Add-ons												
15	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	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$123.33	\$46.81	\$0.00	\$16.85	\$17.91	\$0.00	\$23.31	\$0.65	\$14.85	\$2.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End		1.5702								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.02	\$73.50	\$0.00	\$16.85	\$17.91	\$0.00	\$23.31	\$0.65	\$14.85	\$2.95
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.21	\$3.48	\$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	\$171.23	\$76.98	\$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	\$115.60									

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

FINAL

Provider: Gold City Health and Rehabilitation Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142975A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	34.2%	13.37%	Base Period Overall CMI: 1.5030				1.5030	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 2.45	2.5%	0.0%	Quarterly Medicaid CMI: 1.5807				1.5807	1.4488		
		Nurse Hours per On-Site Day/Quality Incentive: 2.45	0.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6116				1.6116	1.4737			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	\$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	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,993								33,993		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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	from 4 qtrs of FY12		1.5030								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.28								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$85.88	\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	8.69 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.14	\$5.39	\$0.00	\$1.33	\$1.53	\$0.00	\$1.89	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$96.02	\$45.67	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6116								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$123.95	\$73.60	\$0.00	\$11.29	\$12.98	\$0.00	\$16.00	\$0.58	\$8.69	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stdnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.84	\$1.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.47	\$2.37	\$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	\$144.42	\$75.97	\$0.00	\$11.51	\$13.39	\$0.00	\$33.47	\$0.58	\$8.69	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$95.49									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

<div> <div> Provider: Gordon Health Care Center Prvdr ID: 00202848A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.4% Nurse Hours per On-Site Day/Quality Incentive: 3.25 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3364 Quarterly Medicaid CMI: 1.6044 Qtrly Mcaid CMI w RUG Wght Options: 1.6348 </div> <div> Facility Specific: 1.3364 1.6044 1.6348 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$27,871)	(\$691)	\$0	\$0	\$0	\$0	(\$27,180)		(\$28,457)	\$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	41,699									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,095								40,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3364								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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		\$16.78	\$2.79	9.12 (FRV)	\$0.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 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 Diem (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		1.6348								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.25	\$109.24	\$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 (IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.64	\$6.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$200.89	\$115.78	\$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	\$137.84									

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

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Provider: Grace Health Care of Tucker			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083267A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5096			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 31.1%	2.5%	Quarterly Medicaid CMI: 1.5292			1.4488	
						3.24	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5541			1.4737	
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjtsmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)		(\$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	\$1,067,432	\$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		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5541								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.95	\$88.07	\$0.00	\$17.42	\$20.32	\$0.00	\$23.31	\$2.27	\$10.17	\$1.39
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 Svcs)	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 Svcs)	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	\$23.10	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.05	\$93.44	\$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	(Ln 25 - Ln 23) * 0.75	\$126.71									

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

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Provider: Gracemore Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141182A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1896			1.1896	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.47		Qtrly BIMS score 32.4%	2.5%	Quarterly Medicaid CMI: 1.3678			1.3678	1.4488
							3.0%	Qtrlyr Mcaid CMI w RUG Wght Options: 1.3893			1.3893	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,277,350	\$1,215,491	\$0	\$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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$59.12	\$0.00	\$19.73	\$16.79		\$16.74	\$2.43	\$2.64	\$1.37
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.43	\$59.12	\$0.00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3893								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.36	\$93.11	\$0.00	\$20.87	\$19.03	\$0.00	\$18.98	\$2.43	\$7.57	\$1.37
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
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	\$23.53	\$5.65	\$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	\$186.89	\$98.76	\$0.00	\$20.87	\$19.44	\$0.00	\$36.45	\$2.43	\$7.57	\$1.37
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.34									

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

FINAL

<div> <div> Provider: Grandview Health Care Center Prvdr ID: 00141226A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 38.6% Nurse Hours per On-Site Day/Quality Incentive: 2.64 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2061 Quarterly Medicaid CMI: 1.3946 Qtrly Mcaid CMI w RUG Wght Options: 1.4435 </div> <div> Facility Specific 1.2061 1.3946 1.4435 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 FY 18 GL-PL Ins Rpt Days	21,651									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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		<u>1.4435</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.02	\$106.07	\$0.00	\$20.87	\$20.50	\$0.00	\$21.86	\$3.15	\$9.90	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([(Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.30	\$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	\$207.20	\$111.37	\$0.00	\$20.87	\$20.91	\$0.00	\$39.33	\$3.15	\$9.90	\$1.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.58									

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

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Provider: Gray Health & Rehab		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00082992A		Growth Allowance: N/A				13.37%	13.37%	Base Period Overall CMI:			1.2897	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019		Qtrly BIMS score: 55.8%				5.5%	5.5%	Quarterly Medicaid CMI:			1.3803	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.68				3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4054	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,877,872	\$1,460,893	\$0	\$303,421	\$137,009	\$241,690	\$425,106	\$55,587	\$254,166	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$12,407)	(\$470)	\$0	\$0	\$0	\$0	(\$12,254)		(\$10,717)	\$11,034
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,865,465	\$1,460,423	\$0	\$303,421	\$137,009	\$241,690	\$412,852	\$55,587	\$243,449	\$11,034
8	Total Nursing Facility Days As Filed Days = 18,044	FY12 Audited C/R Days	18,044									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,097	FY 18 GL-PL Ins Rpt Days								20,097		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.50	\$80.94	\$0.00	\$16.82	\$20.99	(with L&H)	\$22.88	\$2.77	\$13.49	\$0.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2897								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.82	\$20.99		\$22.88	\$2.77	\$13.49	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$133.06	\$62.76	\$0.00	\$16.82	\$20.99		\$20.56	\$2.77	8.55 (FRV)	\$0.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$16.20	\$8.39	\$0.00	\$2.25	\$2.81	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.26	\$71.15	\$0.00	\$19.07	\$23.80	\$0.00	\$23.31	\$2.77	\$8.55	\$0.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4054								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.10	\$99.99	\$0.00	\$19.07	\$23.80	\$0.00	\$23.31	\$2.77	\$8.55	\$0.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alhwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.50	\$5.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$26.76	\$9.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.86	\$109.02	\$0.00	\$19.29	\$24.21	\$0.00	\$40.41	\$2.77	\$8.55	\$0.61
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.82									

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

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<div> <div> Provider: Green Acres Health & Rehab Prvdr ID: 00083014A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.3% Nurse Hours per On-Site Day/Quality Incentive: 3.34 </div> <div> Facility Score: 13.37% Add-on Percent: 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1607 Quarterly Medicaid CMI: 1.4448 Qtrly Mcaid CMI w RUG Wght Options: 1.4675 </div> <div> Facility Specific 1.1607 1.4448 1.4675 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 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		1.1607								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.75
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Althnc %	\$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		1.4675								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.16	\$103.12	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.43	\$108.29	\$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	\$133.00									

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

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<div> <div> Provider: Greene Point Healthcare Prvdr ID: 00142634A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.1% Nurse Hours per On-Site Day/Quality Incentive: 3.74 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2987 Quarterly Medicaid CMI: 1.3963 Qtrly Mcaid CMI w RUG Wght Options: 1.4176 </div> <div> Facility Specific: 1.2987 1.3963 1.4176 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$13,461)	\$0	\$0	(\$1,819)	\$168	\$0	(\$13,629)		(\$11,992)	\$13,811
7	Cost 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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,118	FY 18 GL-PL Ins Rpt Days								21,118		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	\$10.57	\$0.63
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.38	\$60.27	\$0.00	\$16.34	\$19.04		\$18.48	\$2.88	8.74 (FRV)	\$0.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.64	\$68.33	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$8.74	\$0.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4176								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.17	\$96.86	\$0.00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$8.74	\$0.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.96	\$5.86	\$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	\$194.13	\$102.72	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$8.74	\$0.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$132.77									

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

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Provider: Gwinnett Extended Care Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00781382A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4525			1.3617	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 5.28			Qtrly BIMS score: 39.5%	2.5%	Quarterly Medicaid CMI: 1.3361			1.4488	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3582			1.4737	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530	\$4,469,050	\$0	\$1,039,911	\$429,533	\$796,742	\$1,142,544	\$9,921	\$1,178,829	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$9,017)	\$0	\$0	\$0	\$997	\$1,850	(\$14,601)		\$2,737	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,057,514	\$4,469,050	\$0	\$1,039,911	\$430,530	\$798,592	\$1,127,943	\$9,921	\$1,181,566	\$0
8	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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4525								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$158.30	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.33	13.66 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
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	\$177.60	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3582								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.64	\$110.11	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.33	\$13.66	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.15	\$6.05	\$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	\$229.79	\$116.16	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13.66	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$159.52									

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

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Provider: Habersham Home				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141292A				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI:			1.1936	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 50.8%		50.8%	5.5%	Quarterly Medicaid CMI:			1.2738	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.19		3.19	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2925	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1936								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.51	\$0.00	\$12.19	\$32.81		\$18.07	\$2.81	\$16.35	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$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												
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		1.2925								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.13	\$104.78	\$0.00	\$13.82	\$26.18	\$0.00	\$20.49	\$2.81	\$8.05	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.76	\$5.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.55	\$7.86	\$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	\$201.68	\$112.64	\$0.00	\$14.04	\$26.18	\$0.00	\$37.96	\$2.81	\$8.05	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.44									

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

FINAL

Provider: Haralson Nursing and Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00141325A			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5429			1.5429	1.4014	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 23.2%		23.2%	1.0%	Quarterly Medicaid CMI: 1.5949			1.5949	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.93		2.93	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6232			1.6232	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmls	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)	\$48,762		(\$15,211)	\$16,045
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,900,690	\$1,304,386	\$0	\$245,183	\$123,965	\$113,946	\$507,270	\$210,807	\$379,088	\$16,045
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 Svcs	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	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$43.53	\$0.00	\$12.63	\$12.25		\$26.12	\$5.82	\$19.52	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
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	N/A
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	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6232								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.35	\$80.10	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5.82	\$8.16	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$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 Lns 20 thru 23	\$20.66	\$2.93	\$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	\$171.01	\$83.03	\$0.00	\$14.54	\$14.30	\$0.00	\$44.33	\$5.82	\$8.16	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$115.43									

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

FINAL

Provider: Harborview Health Systems of Jesup			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141611A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4862				1.4862	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 24.6%	1.0%	Quarterly Medicaid CMI: 1.6326				1.6326	1.4488
					3.14	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6625				1.6625	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$36,467)	\$0	\$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 Adjstmnt to Routine Svcs	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 qtrs of FY12		1.4862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.85								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.85	\$0.00	\$14.35	\$11.52		\$23.11	\$1.48	\$20.12	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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)	Ln 14 + Ln 15	\$116.52	\$54.25	\$0.00	\$16.27	\$13.06	\$0.00	\$23.31	\$1.48	\$7.18	\$0.97
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6625								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.46	\$90.19	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.71	\$2.71								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$4.14	\$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	\$174.33	\$94.33	\$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	\$117.92									

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

FINAL

Provider: Harborview Health Systems - Pierce			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142447A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2039			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.04			Qtrly BIMS score: 24.1%	1.0%	Quarterly Medicaid CMI: 1.5460			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5744			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmts	(\$156,005)	(\$186,194)	\$0	\$56,684	\$30,740	\$12,924	(\$70,159)		(\$16,096)	\$16,096
7	Cost Center Costs After Audit Adjustments	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	Total Nursing Facility Days As Filed Days = 26,836	FY12 Audited C/R Days	26,836									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,258	FY 18 GL-PL Ins Rpt Days								17,258		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2039								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$91.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$91.91	\$0.00	\$31.33	\$22.68		\$44.67	\$2.63	\$9.45	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwrth Althmc %	\$19.24	\$9.56	\$0.00	\$3.90	\$3.03	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.98	\$81.07	\$0.00	\$33.05	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5744								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$227.55	\$127.64	\$0.00	\$33.05	\$25.71	\$0.00	\$23.31	\$2.63	\$14.61	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.31	\$0.00	\$0.00	\$0.00	\$0.31	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.28	\$1.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.83	\$3.83								
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	\$22.52	\$5.11	\$0.00	\$0.00	\$0.31	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$250.07	\$132.75	\$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	\$174.73									

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

FINAL

Provider: Harborview Health Systems - Satilla				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142755A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		15.1%	13.37%	Base Period Overall CMI: 1.3231			1.3617	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.54		0.0%	0.0%	Quarterly Medicaid CMI: 1.6102			1.4488	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6388			1.4737	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL 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 Adjstmnts	(\$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								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3231								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21 (FRV)	\$0.49
Quarterly Per Diem Rate Prior to Add-ons												
15	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	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6388								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$132.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$226.53	\$132.86	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.99	\$3.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.99	\$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	\$248.25	\$136.85	\$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	\$173.36									

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

FINAL

<div> <div> Provider: Harborview Health Systems - Thomaston Prvdr ID: 00140621A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 52.5% Nurse Hours per On-Site Day/Quality Incentive: 2.53 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2365 Quarterly Medicaid CMI: 1.4804 Qtrly Mcaid CMI w RUG Wght Options: 1.4857 </div> <div> Facility Specific: 1.2365 1.4804 1.4857 </div> <div> State-wide: 1.3817 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,047 As Filed Days = 39,871	35,047									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 All Residents	from 4 qtrs of FY12		1.2365								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$13.93	\$7.62	\$0.00	\$2.03	\$1.53	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.32	\$64.65	\$0.00	\$17.25	\$12.96	\$0.00	\$23.31	\$1.50	\$8.73	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4857								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.72	\$96.05	\$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 ([Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$5.28	\$5.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.92	\$1.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$7.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.18	\$103.78	\$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	\$126.81									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Harrington Park Prvdr ID: 003165726A H/B ? : No			<u>Add-on Data and Percentages</u> Growth Allowance: BIMS: MDS & Nurse Hrs Data per Quarter Ending: 07/01/19 03/31/19			Facility Score N/A 7.7% 5.03	Add-on Percent 13.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.2882 1.3065	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 47,854		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.80	\$7.37
	Allowed @ 95% of Std		\$172.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.80	\$7.37
	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	\$7.37
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3065							(FRV Rate)	
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$100.62								
	Quarterly Medicaid CMA Allowed Per Diem		\$215.39	\$100.62		\$19.83	\$24.87		\$22.14	\$2.76	\$37.80	\$7.37
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.02	\$3.02								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.12									
	Quarterly Case Mix Based Per Diem Rate		\$235.51	\$103.63		\$19.83	\$24.87		\$39.24	\$2.76	\$37.80	\$7.37
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$163.81										

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

FINAL

Provider: Hart Care Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00167857A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:			1.5289	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score			40.5%	2.5%	Quarterly Medicaid CMI:			1.7280	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			3.23	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.7616	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0	\$0	\$0	\$0	(\$78,118)		(\$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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$120.90	\$75.59	\$0.00	\$13.62	\$11.68	(with L&H)	\$18.15	\$1.32	\$0.04	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5289								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$101.84	\$49.44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	7.13 (FRV)	\$0.50
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$12.42	\$6.61	\$0.00	\$1.82	\$1.56	\$0.00	\$2.43	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$114.26	\$56.05	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1.32	\$7.13	\$0.50
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7616								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156.95	\$98.74	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.47	\$2.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$24.06	\$5.96	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.01	\$104.70	\$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	\$122.93									

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

FINAL

<div> <div> Provider: Hartwell Health and Rehabilitation Prvdr ID: 00141413A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 14.5% Nurse Hours per On-Site Day/Quality Incentive: 3.66 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3222 Quarterly Medicaid CMI: 1.3357 Qtrly Mcaid CMI w RUG Wght Options: 1.3558 </div> <div> Facility Specific 1.3222 1.3357 1.3558 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	32,055									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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		1.3222								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.08								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$135.91	\$61.08	\$0.00	\$29.15	\$14.06		\$20.56	\$2.81	8.18 (FRV)	\$0.07
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althwnc %	\$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 Qtr End		1.3558								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.25	\$93.89	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$20.86	\$3.35	\$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	\$198.11	\$97.24	\$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	\$135.76									

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

FINAL

<div> <div> Provider: Hazlehurst Court Care and Rehab Prvdr ID: 00059705A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 24.1% Nurse Hours per On-Site Day/Quality Incentive: 2.54 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4494 Quarterly Medicaid CMI: 1.4838 Qtrly Mcaid CMI w RUG Wght Options: 1.5094 </div> <div> Facility Specific: 1.4494 1.4838 1.5094 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,682										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4494								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 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		1.5094								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$136.64	\$74.35	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
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	\$21.23	\$3.50	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$157.87	\$77.85	\$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	(Ln 25 - Ln 23) * 0.75	\$105.58									

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

FINAL

<div> <div> Provider: Heardmont Nursing Home Prvdr ID: 00082981A </div> <div> <div>Case Mix Per Diem Rate Effective Date: 7/1/2019</div> <div>MDS & Nurse Hrs Data per Quarter Ending: 03/31/19</div> </div> <div> <div>Add-on Data and Percentages</div> <div> Growth Allowance: N/A Qtrly BIMS score: 40.7% Nurse Hours per On-Site Day/Quality Incentive: 2.83 </div> </div> <div> Facility Score Add-on Percent </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1433 Quarterly Medicaid CMI: 1.2583 Qtrly Mcaid CMI w RUG Wght Options: 1.4370 </div> <div> Facility Specific State-wide </div> </div>												
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	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$63,465)	\$0	\$0	\$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 Svcs	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		1.1433								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.35
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$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 Medicaid Residents	per Current Qtr End		1.4370								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.71	\$81.62	\$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 ({Snd - Altwl} x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.45	\$2.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.71	\$5.02	\$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	\$183.42	\$86.64	\$0.00	\$18.48	\$26.18	\$0.00	\$39.71	\$3.50	\$7.56	\$1.35
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.74									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ?: No			Add-on Data and Percentages Growth Allowance: BIMS: MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Facility Score N/A 34.6% 3.34		Add-on Percent 13.37% 2.5% 3.0%		Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.2133 1.6026 1.6311		State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g		h	i			
CASE MIX BASED RATE CALCULATIONS															
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1						
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities						
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes						
	Peer Group Standards & Efficiency Measure Limits														
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%						
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%						
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
	Per Diem Costs and Add-ons														
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 26,069					
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								33,100					
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$13.41	\$0.15			
	Allowed @ 95% of Std		\$140.45	\$67.93		\$17.49	\$21.94		\$19.53		\$13.41	\$0.15			
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61						
	CMA Allowed Per Diem (After Growth Allowance)		\$158.21	\$77.01		\$19.83	\$24.87		\$22.14	\$ 0.79	\$13.41	\$0.15			
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6311							(FRV Rate)				
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$125.61											
	Quarterly Medicaid CMA Allowed Per Diem		\$206.81	\$125.61		\$19.83	\$24.87		\$22.14	\$0.79	\$13.41	\$0.15			
	Quarterly Per Diem Add-On Amounts														
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$3.14	\$3.14											
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.77	\$3.77											
	Nursing Home Provider Fee		\$17.10						17.10						
	Total Quarterly Per Diem Add-On Amounts		\$24.01												
	Quarterly Case Mix Based Per Diem Rate		\$230.82	\$132.52		\$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%	\$160.29													

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

FINAL

<div> <div> Provider: Heritage Healthcare -Forsyth, LLC Prvdr ID: 00141017A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 40.4% Nurse Hours per On-Site Day/Quality Incentive: 3.00 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3861 Quarterly Medicaid CMI: 1.3166 Qtrly Mcaid CMI w RUG Wght Options: 1.3354 </div> <div> Facility Specific 1.3861 1.3166 1.3354 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$120.56	\$55.14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$7.25 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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)	Ln 14 + Ln 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 Qtr End		<u>1.3354</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.57	\$83.48	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.09	\$2.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67								
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	\$22.39	\$4.29	\$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	\$177.96	\$87.77	\$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	\$120.65									

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

FINAL

<div> <div> Provider: Heritage Healthcare -Grandview, LLC Prvdr ID: 00141215A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 25.4% Nurse Hours per On-Site Day/Quality Incentive: 3.51 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4300 Quarterly Medicaid CMI: 1.5986 Qtrly Mcaid CMI w RUG Wght Options: 1.6294 </div> <div> Facility Specific 1.4300 1.5986 1.6294 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 GL-PL 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 Svcs	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 qtrs of FY12		1.4300								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.34
Quarterly Per Diem Rate Prior to Add-ons												
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		1.6294								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.45	\$106.63	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$10.17	\$1.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.90	\$4.80	\$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	\$209.35	\$111.43	\$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	\$144.19									

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

FINAL

Provider: Heritage Inn of Barnesville			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: 00143613A			Growth Allowance: N/A		50.0%	13.37%	Base Period Overall CMI: 1.3499				1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score		5.5%	5.5%	Quarterly Medicaid CMI: 1.5594				1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.63		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5854				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065	\$2,698,086	\$0	\$540,262	\$316,196	\$272,627	\$637,292	\$112,121	\$376,481	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,917)	\$0	\$0	\$0	\$0	\$0	(\$25,520)		(\$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									
	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 Svcs	Ln 7 / Ln 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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	\$8.97	\$0.62
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$105.59	\$50.83	\$0.00	\$13.74	\$14.97		\$15.56	\$2.82	7.05 (FRV)	\$0.62
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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$118.31	\$57.63	\$0.00	\$15.58	\$16.97	\$0.00	\$17.64	\$2.82	\$7.05	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5854								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.05	\$91.37	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.03	\$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.40	\$8.30	\$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	\$178.45	\$99.67	\$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	\$121.01									

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

FINAL

<div> <div> Provider: Heritage Inn of Sandersville Prvdr ID: 00142678A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 49.0% Nurse Hours per On-Site Day/Quality Incentive: 3.38 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3183 Quarterly Medicaid CMI: 1.5981 Qtrly Mcaid CMI w RUG Wght Options: 1.6266 </div> <div> Facility Specific 1.3183 1.5981 1.6266 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$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	21,700									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,510										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3183</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.94	\$0.00	\$14.67	\$17.09		\$16.61	\$2.67	\$12.33	\$1.01
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	Growth Allowance Percentage = <u>13.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.65	\$60.02	\$0.00	\$16.63	\$19.37	\$0.00	\$18.83	\$2.67	\$10.12	\$1.01
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6266</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.26	\$97.63	\$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 ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.37	\$5.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.93	\$8.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.19	\$106.46	\$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	\$132.07									

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

FINAL

Provider: Heritage Inn of Statesboro			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142161A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2962			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.75			Qtrly BIMS score: 41.2%	2.5%	Quarterly Medicaid CMI: 1.7059			1.4488	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7382			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Rpt Days								28,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2962</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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)	Ln 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7382</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.49	\$104.97	\$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 ([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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$2.10	\$2.10								
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	\$23.35	\$5.25	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.84	\$110.22	\$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	\$131.81									

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

FINAL

<div> <div> Provider: High Shoals Health & Rehabilitation Prvdr ID: 00212814A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.9% Nurse Hours per On-Site Day/Quality Incentive: 3.43 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3425 Quarterly Medicaid CMI: 1.4665 Qtrly Mcaid CMI w RUG Wght Options: 1.4883 </div> <div> Facility Specific: 1.3425 1.4665 1.4883 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,611							33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		<u>1.3425</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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		<u>1.4883</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$120.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210.00	\$120.66	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.02	\$3.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.62	\$3.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$6.64	\$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	\$233.74	\$127.30	\$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	\$162.48									

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

FINAL

<div> <div> Provider: Hill Haven Nursing Home Prvdr ID: 00448456A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 40.4% Nurse Hours per On-Site Day/Quality Incentive: 3.27 </div> <div> Facility Score N/A 2.5% 3.0% </div> <div> Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2298 Quarterly Medicaid CMI: 1.4635 Qtrly Mcaid CMI w RUG Wght Options: 1.4908 </div> <div> Facility Specific 1.2298 1.4635 1.4908 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Realocations 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		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.65
Quarterly Per Diem Rate Prior to Add-ons												
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 Diem (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		1.4908								
18	Qtrly Routine Svcs Case Mix Adjstld (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.56	\$94.02	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col 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	\$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	\$190.99	\$99.72	\$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	\$130.42									

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

FINAL

<div> <div> Provider: Jesup Health Care Prvdr ID: 00142689A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 40.0% Nurse Hours per On-Site Day/Quality Incentive: 2.74 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4500 Quarterly Medicaid CMI: 1.8099 Qtrly Mcaid CMI w RUG Wght Options: 1.8450 </div> <div> Facility Specific 1.4500 1.8099 1.8450 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2016 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 Adjstmnts	(\$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 16 GL-PL Ins Rpt Days								21,290		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.52
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.8450								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.53	\$94.74	\$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 ([Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.37	\$100.48	\$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	\$124.70									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

<div> <div> Provider: Joe-Ann Burgin Nursing Center Prvdr ID: 00141633A H/B?: Yes </div> <div> Case Mix Per Diem Rate Effective Date: 07/01/19 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A BIMS 37.1% Nurse Hours per On-Site Day/Quality Incentive: 3.37 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2689 Quarterly Medicaid CMI: 1.0881 Qtrly Mcaid CMI w RUG Wght Options: 1.1015 </div> <div> Facility Specific 1.2689 1.0881 1.1015 </div> <div> State-wide 1.3617 1.4283 1.4526 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	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											
	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		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			1.2689								
	Routine Services Case Mix Adjusted Net Per Diem			\$62.06								
	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)	
	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			1.1015								
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$77.50								
	Quarterly Medicaid CMA Allowed Per Diem		\$159.43	\$77.50		\$26.53	\$19.46		\$21.89	\$1.36	\$12.40	\$0.29
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$1.94	1.94								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.33	2.33								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.90									
	Quarterly Case Mix Based Per Diem Rate		\$182.33	\$82.30		\$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%		\$123.92									

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

FINAL

Provider: Jonesboro Nurs. & Rehab Ctr.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00531033A				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.7250			1.7250	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 23.4%		23.4%	1.0%	Quarterly Medicaid CMI: 1.5280			1.5280	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.60		3.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5534			1.5534	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	FY12 C/R Audit Adjstmnts	(\$69,443)	(\$110,724)	\$0	(\$1,901)	\$0	\$39,198	\$29,290		(\$110,344)	\$85,038
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,885,419	\$3,316,995	\$0	\$716,602	\$260,899	\$440,548	\$1,004,246	\$162,252	\$898,839	\$85,038
8	Total Nursing Facility Days As Filed Days = 43,009	FY12 Audited C/R Days	43,009									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,852	FY 18 GL-PL Ins Rpt Days								43,852		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35	\$3.70	\$20.90	\$1.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7250								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$117.78	\$44.71	\$0.00	\$16.66	\$16.31		\$20.56	\$3.70	13.86 (FRV)	\$1.98
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		1.5534								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.97	\$78.74	\$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 ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.41	\$3.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.38	\$82.42	\$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	\$122.46									

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

FINAL

Provider: Kentwood		<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143426A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2689		1.2689	1.3617		
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 60.4%		60.4%	5.5%	Quarterly Medicaid CMI: 1.3067		1.3067	1.4488		
		Nurse Hours per On-Site Day/Quality Incentive: 4.11		4.11		4.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3284		1.3284	1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
<u>CASE MIX BASED RATE CALCULATIONS</u>													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$65,636)	\$0	\$0	\$0	\$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										
	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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2689</u>									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.03									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.01	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 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	\$23.31	\$5.28	\$17.04	\$0.01	
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3284</u>									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.98	\$107.69	\$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 ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.92	\$5.92									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.66	\$9.15	\$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	\$220.64	\$116.84	\$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	\$152.66										

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

FINAL

Provider: Keysville Nursing Home and Rehab Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141655A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3131					1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.33		Qtrly BIMS score: 50.0%	5.5%	Quarterly Medicaid CMI: 1.2385					1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2626					1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Ins Rpt Days								19,753		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3131</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 + Ln 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		<u>1.2626</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.07	\$69.18	\$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 ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.80	\$3.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.10	\$6.41	\$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	\$172.17	\$75.59	\$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	(Ln 25 - Ln 23) * 0.75	\$116.30									

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

FINAL

Provider: Lafayette Nursing & Rehab Center			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00399737A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4871	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score:		41.5%	2.5%	Quarterly Medicaid CMI:			1.3297	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		4.90	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3473	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$138.93	\$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												
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		1.3473								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.06	\$89.70	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$200.25	\$95.16	\$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	\$137.36									

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

FINAL

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				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4490			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 20.0%		20.0%	1.0%	Quarterly Medicaid CMI: 1.8193			1.4488	
						2.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.8546			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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		1.4490								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$99.30	\$45.09	\$0.00	\$13.19	\$13.31		\$17.39	\$0.74	8.93 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwrth 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		1.8546								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.89	\$94.81	\$0.00	\$14.95	\$15.09	\$0.00	\$19.72	\$0.74	\$8.93	\$0.65
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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing 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	\$22.42	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.31	\$99.13	\$0.00	\$15.17	\$15.50	\$0.00	\$37.19	\$0.74	\$8.93	\$0.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.16									

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

FINAL

Provider: Lake City Nursing & Rehab Ctr.			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141699A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.6589				1.6589	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.97		Qtrly BIMS score: 45.8%	5.5%	Quarterly Medicaid CMI: 1.6230				1.6230	1.4488
						2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6524				1.6524	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	(\$142,967)	\$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 C/R	\$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 Svcs	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		1.6589								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
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 + Ln 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 Qtr End		1.6524								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$149.17	\$85.16	\$0.00	\$16.57	\$17.04	\$0.00	\$17.61	\$3.03	\$8.80	\$0.96
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$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	\$174.18	\$92.07	\$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	\$117.81									

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

FINAL

Provider: Lake Crossing Heath Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00403939A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2839				1.2839	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.06		Qtrly BIMS score: 51.4%	5.5%	Quarterly Medicaid CMI: 1.4209				1.4209	1.4488	
					3.0%	Qtrlyrly Mcaid CMI w RUG Wght Options: 1.4490				1.4490	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,362,617	\$1,898,036	\$0	\$505,765	\$238,011	\$392,873	\$484,806	\$136,164	\$706,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,092)	\$11,954	\$0	\$0	\$0	\$0	(\$42,257)		(\$45,745)	\$32,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,319,525	\$1,909,990	\$0	\$505,765	\$238,011	\$392,873	\$442,549	\$136,164	\$661,217	\$32,956
8	Total Nursing Facility Days As Filed Days = 33,667	FY12 Audited C/R Days	33,667									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,694	FY 18 GL-PL Ins Rpt Days								33,694		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.2839								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$106.12	\$44.19	\$0.00	\$15.02	\$18.74		\$13.14	\$4.04	10.01 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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	\$118.31	\$50.10	\$0.00	\$17.03	\$21.25	\$0.00	\$14.90	\$4.04	\$10.01	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4490								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$140.80	\$72.59	\$0.00	\$17.03	\$21.25	\$0.00	\$14.90	\$4.04	\$10.01	\$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 = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.99	\$3.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$24.80	\$6.70	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.60	\$79.29	\$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	\$111.38									

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

FINAL

Provider: Lakeland Villa Convalescent Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141732A				Growth Allowance: N/A		32.7%	13.37%	Base Period Overall CMI: 1.1323			1.1323	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 32.7%		2.5%	3.0%	Quarterly Medicaid CMI: 1.1356			1.1356	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 4.08				Qtrly Mcaid CMI w RUG Wght Options: 1.1510			1.1510	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0.00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00 (FRV)	\$0.20
Quarterly Per Diem Rate Prior to Add-ons												
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	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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1510								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.76	\$89.28	\$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 ([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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$5.44	\$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	\$226.08	\$94.72	\$0.00	\$33.05	\$22.70	\$0.00	\$37.01	\$4.40	\$34.00	\$0.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$156.74									

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

FINAL

Provider: Lee County Health Care			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00712665A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3504			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.00			Qtrly BIMS score: 23.8%	1.0%	Quarterly Medicaid CMI: 1.6098			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6385			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,292								21,292		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.68	\$69.47	\$0.00	\$13.10	\$19.37	(with L&H)	\$19.58	\$2.69	\$14.90	\$1.57
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3504</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$122.48	\$51.45	\$0.00	\$13.10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$22.20	\$2.69	\$14.72	\$1.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6385</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.56	\$95.57	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.46	\$4.36	\$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	\$196.02	\$99.93	\$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	\$134.19									

Quarterly Case Mix Per Diem Calculation

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Provider: Legacy Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: 00415522A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2012	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/19		BIMS: 33.3%	2.5%	Quarterly Medicaid CMI:				1.3468	1.4283
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		4.97	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3666	1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 35,074		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								10,058		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$37.45	\$0.72
	Allowed @ 95% of Std		\$165.06	\$67.93		\$17.49	\$21.94		\$19.53		\$37.45	\$0.72
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$185.52	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.49	\$37.45	\$0.72
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3666							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$105.24								
	Quarterly Medicaid CMA Allowed Per Diem		\$213.75	\$105.24		\$19.83	\$24.87		\$22.14	\$3.49	\$37.45	\$0.72
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.63	\$2.63								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.10	\$2.10								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.84									
	Quarterly Case Mix Based Per Diem Rate		\$235.58	\$109.98		\$19.83	\$24.87		\$39.24	\$3.49	\$37.45	\$0.72
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$163.86										

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

FINAL

<div> <div> Provider: Life Care Center of Gwinnett Prvdr ID: 00370873A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 46.9% Nurse Hours per On-Site Day/Quality Incentive: 4.19 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4103 Quarterly Medicaid CMI: 1.2540 Qtrly Mcaid CMI w RUG Wght Options: 1.2703 </div> <div> Facility Specific: 1.4103 1.2540 1.2703 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.2703								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.20	\$94.57	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.20	\$5.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$26.30	\$8.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.50	\$103.14	\$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	\$134.55									

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

FINAL

<div> <div> Provider: Life Care Center of Lawrenceville Prvdr ID: 00818914A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 9.7% Nurse Hours per On-Site Day/Quality Incentive: 4.51 </div> <div> Facility Score 3.0% </div> <div> Add-on Percent 13.37% 0.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5316 Quarterly Medicaid CMI: 1.4481 Qtrly Mcaid CMI w RUG Wght Options: 1.4734 </div> <div> Facility Specific 1.5316 1.4481 1.4734 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.5316								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.33	\$0.00	\$18.93	\$20.16		\$31.86	\$3.21	\$14.63	\$2.81
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$150.20	\$67.33	\$0.00	\$18.41	\$20.16		\$20.56	\$3.21	17.72 (FRV)	\$2.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.91	\$9.00	\$0.00	\$2.46	\$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	\$167.11	\$76.33	\$0.00	\$20.87	\$22.86	\$0.00	\$23.31	\$3.21	\$17.72	\$2.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4734								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203.24	\$112.46	\$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 ((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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.41	\$3.90	\$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	\$224.65	\$116.36	\$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	\$155.66									

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

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Provider: Life Care Center, Inc.		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140665A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3801				1.3801	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.51		Qtrly BIMS score: 44.3%	2.5%	Quarterly Medicaid CMI: 1.3704				1.3704	1.4488
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3940				1.3940	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	38,520									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,869								40,869		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	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		1.3940								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$55.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.56	\$55.09	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13.21	\$1.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (SInd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.38	\$1.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$21.66	\$3.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$140.22	\$58.65	\$0.00	\$13.25	\$18.20	\$0.00	\$34.35	\$0.85	\$13.21	\$1.71
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.34									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

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Provider: Lillian G. Carter Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142524A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3539			1.3539	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.32		Qtrly BIMS score: 48.7%		48.7%	5.5%	Quarterly Medicaid CMI: 1.4124			1.4124	1.4488
				Qtrly Mcaid CMI w RUG Wght Options: 1.4377		1.4377	3.0%				1.4377	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$22,722)	\$0	\$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-PL 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 Svcs	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 qtrs of FY12		1.3539								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.4377								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.03	\$80.14	\$0.00	\$14.69	\$20.10	\$0.00	\$17.91	\$2.83	\$8.55	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.41	\$4.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.40	\$2.40								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.44	\$7.34	\$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	\$170.47	\$87.48	\$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	\$115.03									

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

FINAL

Provider: Lumber City Nurs. & Rehab. Ctr.			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00270256A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.7031				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 37.1%	2.5%	Quarterly Medicaid CMI: 1.5092				1.4488	
					2.57	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5352				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,349,757	\$2,002,334	\$0	\$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 Adjstmnts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.7031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$99.56	\$39.56	\$0.00	\$14.88	\$16.52		\$17.91	\$1.30	8.75 (FRV)	\$0.64
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5352								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.44	\$68.85	\$0.00	\$16.87	\$18.73	\$0.00	\$20.30	\$1.30	\$8.75	\$0.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$22.42	\$4.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$157.86	\$73.17	\$0.00	\$17.09	\$19.14	\$0.00	\$37.77	\$1.30	\$8.75	\$0.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$105.57									

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

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<div> <div> Provider: Lynn Haven Health & Rehab Prvdr ID: 00083036A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 39.7% Nurse Hours per On-Site Day/Quality Incentive: 4.25 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3693 Quarterly Medicaid CMI: 1.6961 Qtrly Mcaid CMI w RUG Wght Options: 1.7294 </div> <div> Facility Specific: 1.3693 1.6961 1.7294 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$5,435,046	\$3,026,757	\$0	\$546,044	\$261,626	\$409,810	\$685,345	\$99,353	\$406,111	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,544)	(\$535)	\$0	\$0	\$0	\$0	(\$23,009)		(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0	\$546,044	\$261,626	\$409,810	\$662,336	\$99,353	\$372,783	\$33,328
8	Total Nursing Facility Days	As Filed Days = 34,161	34,161									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,802										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 of FY12		1.3693								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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	\$132.58	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	8.64 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	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 Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.59	\$73.35	\$0.00	\$18.12	\$22.29	\$0.00	\$21.98	\$3.23	\$8.64	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7294								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.09	\$126.85	\$0.00	\$18.12	\$22.29	\$0.00	\$21.98	\$3.23	\$8.64	\$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 =	Ln 19 Col b x CPS Add-on	\$3.17	\$3.17								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sfing Add-on	\$3.81	\$3.81								
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	\$25.61	\$7.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$227.70	\$134.36	\$0.00	\$18.34	\$22.70	\$0.00	\$39.45	\$3.23	\$8.64	\$0.98
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$157.95									

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

FINAL

Provider: Madison Hlth & Rehab				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083278A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3682			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.30		Qtrly BIMS score: 59.1%	5.5%	Quarterly Medicaid CMI: 1.5812			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6127			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatnls & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3682</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6127</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.37	\$97.26	\$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 = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.35	\$5.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.27	\$8.80	\$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	\$201.64	\$106.06	\$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	\$138.41									

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

FINAL

Provider: Magnolia Manor Columbus East			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00083047A			Growth Allowance: N/A		18.0%	13.37%	Base Period Overall CMI: 1.5222				1.5222	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 0.0%		0.0%	0.0%	Quarterly Medicaid CMI: 1.7575				1.7575	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.44		3.44	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7922				1.7922	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.96								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$124.64	\$52.96	\$0.00	\$17.71	\$20.11		\$20.56	\$3.34	9.72 (FRV)	\$0.44
Quarterly Per Diem Rate Prior to Add-ons												
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 Medicaid Residents	per Current Qtr End		1.7922								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.29	\$107.60	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
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	\$21.49	\$3.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.78	\$111.36	\$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	\$143.76									

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

FINAL

Provider: Magnolia Manor Columbus West		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00083124A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.3234				1.3234	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.33	Qtrly BIMS score: 48.0%	48.0%	5.5%	Quarterly Medicaid CMI: 1.6809				1.6809	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7137				1.7137	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)		(\$12,052)	\$32,890
7	Cost 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	Total Nursing Facility Days As Filed Days = 45,728	FY12 Audited C/R Days	45,728									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,833	FY 18 GL-PL Ins Rpt Days								43,833		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3234</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	\$12.59	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.23	\$52.42	\$0.00	\$16.11	\$19.62		\$14.02	\$2.89	10.45 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhwc %	\$13.65	\$7.01	\$0.00	\$2.15	\$2.62	\$0.00	\$1.87	N/A	N/A	N/A
16	CMA 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	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7137</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllIOthr = Ln 16	\$172.30	\$101.85	\$0.00	\$18.26	\$22.24	\$0.00	\$15.89	\$2.89	\$10.45	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.60	\$5.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$27.29	\$9.19	\$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	\$199.59	\$111.04	\$0.00	\$18.48	\$22.65	\$0.00	\$33.36	\$2.89	\$10.45	\$0.72
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.87									

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

FINAL

Provider: Magnolia Manor Marion County		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00141809A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.2265				1.2265	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.86	Qtrly BIMS score: 24.1%	24.1%	1.0%	Quarterly Medicaid CMI: 1.5691				1.5691	1.4488	
				2.86	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6006				1.6006	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,708,581	\$1,357,104	\$0	\$318,446	\$194,801	\$328,884	\$396,003	\$54,698	\$58,645	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,647)	\$0	\$0	\$0	\$0	(\$174)	(\$51,087)		\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2265</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$138.86	\$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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.13	\$6.90	\$0.00	\$1.99	\$3.09	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.99	\$58.49	\$0.00	\$16.84	\$26.18	\$0.00	\$18.23	\$2.49	\$30.34	\$0.42
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6006</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.12	\$93.62	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.97	\$4.28	\$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	\$210.09	\$97.90	\$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	\$144.74									

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

FINAL

Provider: Magnolia Manor St. Simons		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141402A		Growth Allowance: N/A		13.37%		Base Period Overall CMI: 1.2961				1.2961	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019		Qtrly BIMS score: 42.0%		2.5%		Quarterly Medicaid CMI: 1.5405				1.5405	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.93		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5696				1.5696	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 qtrs of FY12		1.2961								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$3.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$14.83	\$7.92	\$0.00	\$2.12	\$2.14	\$0.00	\$2.65	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.26	\$67.17	\$0.00	\$17.96	\$18.13	\$0.00	\$22.48	\$2.67	\$9.22	\$3.63
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5696								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.52	\$105.43	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.64	\$2.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.16	\$3.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.43	\$6.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.95	\$111.76	\$0.00	\$18.18	\$18.54	\$0.00	\$39.95	\$2.67	\$9.22	\$3.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.14									

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

FINAL

Provider: Magnolia Manor Methodist Nursing Care			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040785A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3316				1.3316	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.24		Qtrly BIMS score: 39.9%	2.5%	Quarterly Medicaid CMI: 1.6229				1.6229	1.4488
						3.0%	Qtrlyr Mcaid CMI w RUG Wght Options: 1.6546				1.6546	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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	69,699									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 63,134								63,134		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3316</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$120.11	\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	13.77 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$133.84	\$62.78	\$0.00	\$16.14	\$20.88	\$0.00	\$16.74	\$3.00	\$13.77	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6546</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.94	\$103.88	\$0.00	\$16.14	\$20.88	\$0.00	\$16.74	\$3.00	\$13.77	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.12	\$3.12								
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	\$7.25	\$6.25	\$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	\$182.19	\$110.13	\$0.00	\$16.36	\$21.29	\$0.00	\$17.11	\$3.00	\$13.77	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.64									

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

FINAL

<div> <div> Provider: Manor Care Rehab Ctr of Marietta Prvdr ID: 00236211A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.1% Nurse Hours per On-Site Day/Quality Incentive: 4.30 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.6382 Quarterly Medicaid CMI: 1.2618 Qtrly Mcaid CMI w RUG Wght Options: 1.2769 </div> <div> Facility Specific: 1.6382 1.2618 1.2769 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	40,191									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								39,639		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	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		1.2769								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.09	\$96.29	\$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 (ISnd - Akwdj 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 =	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Sifng 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	\$20.93	\$3.42	\$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	\$208.02	\$99.71	\$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	\$143.19									

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

FINAL

Provider: Manor Care Rehab Ctr of Decatur			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00159266A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.6688				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 28.3%	1.0%	Quarterly Medicaid CMI: 1.2757				1.4488	
					3.91	1.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2921				1.4737	
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627	\$4,465,528	\$0	\$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 Adjstmnts	(\$296,438)	(\$3,847)	\$0	\$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 Filed 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 Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.54
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alhmc %	\$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		1.2921								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.06	\$86.48	\$0.00	\$20.87	\$19.17	\$0.00	\$23.31	\$3.94	\$11.75	\$1.54
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.86	\$0.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$0.86	\$0.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.76	\$2.25	\$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	\$186.82	\$88.73	\$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	\$127.29									

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

FINAL

Provider: Maple Ridge Health Care Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00534619A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2349				1.2349	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 41.3%	2.5%	Quarterly Medicaid CMI: 1.2966				1.2966	1.4488
					2.77	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3342				1.3342	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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	25,532									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,703										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2349</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.67	\$0.00	\$19.12	\$20.76		\$22.18	\$3.15	\$6.95	\$1.67
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$140.30	\$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 = <u>13.37%</u>	Ln 14 x Grwth Althwc %	\$16.24	\$8.25	\$0.00	\$2.46	\$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	\$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	per Current Qtr End		<u>1.3342</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOIthr = Ln 16	\$179.91	\$93.29	\$0.00	\$20.87	\$23.54	\$0.00	\$23.31	\$3.15	\$14.08	\$1.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.33	\$2.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.24	\$4.73	\$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	\$202.15	\$98.02	\$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	\$138.79									

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

FINAL

Provider: McRae Manor Nursing Home			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141853A			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.1896				1.1896	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 46.5%		46.5%	5.5%	Quarterly Medicaid CMI: 1.5266				1.5266	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.32		3.32	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5558				1.5558	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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	\$0	\$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 GL-PL 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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1896								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$115.95	\$55.50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	8.90 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althwc %	\$13.53	\$7.42	\$0.00	\$2.18	\$2.39	\$0.00	\$1.54	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.48	\$62.92	\$0.00	\$18.51	\$20.24	\$0.00	\$13.04	\$5.16	\$8.90	\$0.71
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5558								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.45	\$97.89	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.38	\$5.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.96	\$1.96								
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	\$25.97	\$7.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.42	\$105.76	\$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	\$129.99									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Meadow Park H&R Prvdr ID: 003167911A H/B ?: No			<u>Add-on Data and Percentages</u> Growth Allowance: BIMS: MDS & Nurse Hrs Data per Quarter Ending:			Facility Score N/A 16.7% 4.26	Add-on Percent 13.37% 0.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qrtly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.6472 1.6758	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 71,803		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								26,195		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.58	\$6.74
	Allowed @ 95% of Std		\$164.21	\$67.93		\$17.49	\$21.94		\$19.53		\$30.58	\$6.74
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.92	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.74	\$30.58	\$6.74
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6758							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$129.06								
	Quarterly Medicaid CMA Allowed Per Diem		\$235.96	\$129.06		\$19.83	\$24.87		\$22.14	\$2.74	\$30.58	\$6.74
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.87	\$3.87								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$20.97									
	Quarterly Case Mix Based Per Diem Rate		\$256.93	\$132.93		\$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%	\$179.87										

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

FINAL

<div> <div> Provider: Meadowbrook Healthcare Prvdr ID: 00141864A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 55.5% Nurse Hours per On-Site Day/Quality Incentive: 2.79 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.8414 Qtrly Mcaid CMI w RUG Wght Options: 1.8758 </div> <div> Facility Specific: 1.5049 1.8414 1.8758 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 43,599 As Filed Days = 42,766	43,599								42,766	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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		1.5049								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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 (FRV)	\$2.10
Quarterly Per Diem Rate Prior to Add-ons												
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		1.8758								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.89	\$100.09	\$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 (SInd - Atwd] 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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.50	\$5.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$27.07	\$9.03	\$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	\$203.96	\$109.12	\$0.00	\$16.10	\$21.36	\$0.00	\$40.25	\$0.96	\$14.07	\$2.10
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.15									

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

FINAL

Provider: Medical Management H & R		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141941A		Case Mix Per Diem Rate Effective Date: 07/01/19		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4091				1.4091	1.3699	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.90		Qtrly BIMS score 34.7%	2.5%	Quarterly Medicaid CMI: 1.6654				1.6654	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6982				1.6982	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$81.24	\$33.63	\$0.00	\$10.74	\$13.46		\$13.53	\$0.59	7.60 (FRV)	\$1.69
Quarterly Per Diem Rate Prior to Add-ons												
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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6982								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$117.41	\$64.75	\$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 ((Sind - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.62	\$1.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.19	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$139.60	\$68.84	\$0.00	\$12.40	\$15.67	\$0.00	\$32.81	\$0.59	\$7.60	\$1.69
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$91.88									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Memorial Manor Nursing Home			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141919A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: N/A			1.2378	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.41			Qtrly BIMS score: 31.4%	2.5%	Quarterly Medicaid CMI: 1.1559			1.1559	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1723			1.1723	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,592										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2378</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.50	\$0.00	\$34.40	\$20.41		\$16.27	\$0.25	\$5.44	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16.27	\$0.25	8.47 (FRV)	\$0.41
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1723</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.18	\$80.41	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.95	\$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	\$187.01	\$85.36	\$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	\$127.43									

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

FINAL

Provider: Miller Nursing Home Prvdr ID: 00141996A			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Growth Allowance: N/A Qtrly BIMS score: 50.9% Nurse Hours per On-Site Day/Quality Incentive: 5.85			N/A	13.37% 5.5% 3.0%	Base Period Overall CMI: 1.5198 Quarterly Medicaid CMI: 2.0846 Qtrly Mcaid CMI w RUG Wght Options: 2.1238			1.5198 2.0846 2.1238	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$190,045)	\$0	\$0	\$0	\$1,602	\$1,315	(\$193,847)		(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 18,105										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.01								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.29
Quarterly Per Diem Rate Prior to Add-ons												
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		2.1238								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.72	\$115.60	\$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 ((Std - Atdc) 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 Svcs)	Ln 19 Col b x CPS Add-on	\$6.36	\$6.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.12	\$10.36	\$0.00	\$0.22	\$0.41	\$0.00	\$17.13	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$220.84	\$125.96	\$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	\$152.81									

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

FINAL

<div> <div> Provider: Miona Geriatric & Dementia Ctr Prvdr ID: 00141578A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 54.3% Nurse Hours per On-Site Day/Quality Incentive: 3.31 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1439 Quarterly Medicaid CMI: 1.6736 Qtrly Mcaid CMI w RUG Wght Options: 1.7070 </div> <div> Facility Specific: 1.1439 1.6736 1.7070 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,300,389	\$1,675,226	\$0	\$445,058	\$203,315	\$228,714	\$516,016	\$49,041	\$183,019	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,458)	\$0	\$0	\$0	\$5,374	\$6,051	(\$65,940)		(\$25,858)	\$26,915
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,246,931	\$1,675,226	\$0	\$445,058	\$208,689	\$234,765	\$450,076	\$49,041	\$157,161	\$26,915
8	Total Nursing Facility Days	As Filed Days = 30,869										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,012										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$105.23	\$54.27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1439</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	\$5.09	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$103.20	\$47.44	\$0.00	\$14.42	\$14.37		\$14.58	\$1.63	9.89 (FRV)	\$0.87
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.14	\$6.34	\$0.00	\$1.93	\$1.92	\$0.00	\$1.95	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$115.34	\$53.78	\$0.00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.7070</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.36	\$91.80	\$0.00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.05	\$5.05								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.43	\$8.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.79	\$100.13	\$0.00	\$16.57	\$16.70	\$0.00	\$34.00	\$1.63	\$9.89	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.02									

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

FINAL

<div> <div> Provider: Mitchell Convalescent Center Prvdr ID: 00142018A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.4% Nurse Hours per On-Site Day/Quality Incentive: 3.52 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3464 Quarterly Medicaid CMI: 1.4377 Qtrly Mcaid CMI w RUG Wght Options: 1.4601 </div> <div> Facility Specific 1.3464 1.4377 1.4601 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$4,719)	\$0	\$0	\$0	\$0	\$0	(\$4,719)		(\$5,435)	\$5,435
7	Cost 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
8	Total Nursing Facility Days As Filed Days = 17,211	FY12 Audited C/R Days	17,211									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233	FY 18 GL-PL Ins Rpt Days								17,233		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$167.03	\$74.37	\$0.00	\$29.15	\$33.58	(with L&H)	\$23.60	\$0.48	\$5.53	\$0.32
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3464								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = Ln 9		\$55.24	\$0.00	\$29.15	\$33.58		\$23.60	\$0.48	\$5.53	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$139.03	\$55.24	\$0.00	\$29.15	\$23.09		\$20.56	\$0.48	10.19 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.16	\$62.63	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.48	\$10.19	\$0.32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4601								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$184.98	\$91.45	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.48	\$10.19	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$5.56	\$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	\$207.64	\$97.01	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.48	\$10.19	\$0.32
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.91									

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

FINAL

<div> <div> Provider: Molena Nursing Home, Inc. Prvdr ID: 00142029A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 54.6% Nurse Hours per On-Site Day/Quality Incentive: 2.66 </div> <div> Facility Score: 13.37% Add-on Percent: 5.5% 2.66 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2825 Quarterly Medicaid CMI: 1.6054 Qtrly Mcaid CMI w RUG Wght Options: 1.6326 </div> <div> Facility Specific 1.2825 1.6054 1.6326 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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									
8	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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.49	\$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 = <u>13.37%</u>	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 Qtr End		<u>1.6326</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.10	\$88.29	\$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 - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.86	\$4.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.89	\$7.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.99	\$95.45	\$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	\$125.92									

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

FINAL

Provider: Montezuma Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142062A				Growth Allowance: N/A		13.37%	13.37%	Base Period Overall CMI: 1.2929			1.2929	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 61.7%		5.5%	5.5%	Quarterly Medicaid CMI: 1.4967			1.4967	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.51		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5198			1.5198	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$19,731)	\$35,731	\$0	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$126.18	\$62.12	\$0.00	\$13.61	\$17.44		\$19.06	\$3.28	9.42 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$15.01	\$8.31	\$0.00	\$1.82	\$2.33	\$0.00	\$2.55	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.19	\$70.43	\$0.00	\$15.43	\$19.77	\$0.00	\$21.61	\$3.28	\$9.42	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5198								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.80	\$107.04	\$0.00	\$15.43	\$19.77	\$0.00	\$21.61	\$3.28	\$9.42	\$1.25
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.89	\$5.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.66	\$8.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.46	\$115.60	\$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	\$140.52									

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

FINAL

Provider: Mountain View 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: 00143184A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4052			1.4052	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 35.6%	2.5%	Quarterly Medicaid CMI: 1.5102			1.5102	1.4488
						2.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5369			1.5369	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,104,222	\$2,100,958	\$0	\$453,658	\$296,818	\$324,348	\$630,864	\$19,473	\$278,103	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$79,630)	\$0	\$0	\$0	(\$2,160)	(\$2,360)	(\$73,086)		(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althwnc %	\$11.54	\$5.52	\$0.00	\$1.68	\$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	\$106.42	\$46.84	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5369								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.57	\$71.99	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.49	\$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	\$154.16	\$76.48	\$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	\$102.80									

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

FINAL

Provider: Muscogee Manor & Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide	
Prvdr ID: 00083223A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2862			1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 49.6%	5.5%	Quarterly Medicaid CMI: 1.3276			1.4488		
					4.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3495	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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		1.2862								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.32
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		1.3495								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.15	\$109.40	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$3.13	\$18.76	\$0.32
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.02	\$6.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$26.40	\$9.30	\$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	\$240.55	\$118.70	\$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	\$167.59									

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

FINAL

Provider: Nancy Hart Nursing Center			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00141336A			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2652			1.2652	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 23.3%		23.3%	1.0%	Quarterly Medicaid CMI: 1.3844			1.3844	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.16		3.16	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4089			1.4089	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2652</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4089</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.47	\$70.15	\$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 ([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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.70	\$0.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.43	\$3.33	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$158.90	\$73.48	\$0.00	\$16.93	\$19.10	\$0.00	\$37.87	\$3.09	\$7.14	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$106.35									

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

FINAL

Provider: New Horizons Limestone			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142007A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2251			1.2251	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.03		Qtrly BIMS score: 20.0%	1.0%	Quarterly Medicaid CMI: 1.2612			1.2612	1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2807			1.2807	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,528,195	\$4,765,490	\$0	\$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 Adjstmnts	(\$69,118)	\$2,078	\$0	\$0	(\$10,806)	(\$14,256)	(\$36,110)		(\$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
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490									
	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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2251</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.47								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2807</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.62	\$103.83	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.47	\$4.15	\$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	\$212.09	\$107.98	\$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	\$146.24									

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

FINAL

Provider: New Horizons Lanier Park			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141072A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2324				1.2324	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.76		Qtrly BIMS score: 25.3%	1.0%	Quarterly Medicaid CMI: 1.2824				1.2824	1.4488
						3.0%	Qtrlyr Mcaid CMI w RUG Wght Options: 1.3017				1.3017	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjtsmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,343 As Filed Days = 40,693	41,343							40,693		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2324</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3017</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$201.12	\$105.53	\$0.00	\$24.13	\$25.86	\$0.00	\$23.31	\$1.44	\$20.76	\$0.09
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwrd] 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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.17	\$3.17								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$4.23	\$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	\$222.88	\$109.76	\$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	\$154.34									

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

FINAL

Provider: New London Health Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Pvdr ID: 00494139A				Growth Allowance: N/A		13.37%	5.5%	Base Period Overall CMI: 1.4991				1.3699	
Case Mix Per Diem Rate Effective Date: 07/01/19				Qtrly BIMS score 45.5%		3.19	2.0%	Quarterly Medicaid CMI: 1.5177				1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.19				Qtrly Mcaid CMI w RUG Wght Options: 1.5436				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$97,723)	\$0	\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835	
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,573,175	\$3,335,176	\$0	\$738,448	\$335,832	\$391,662	\$1,214,179	\$185,098	\$2,299,945	\$72,835	
8	Total Nursing Facility Days	As Filed Days = 48,462	48,462										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 48,366								48,366			
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.91									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44 (FRV)	\$1.50	
Quarterly Per Diem Rate Prior to Add-ons													
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	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.72	\$52.05	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5436									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.34									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.01	\$80.34	\$0.00	\$17.28	\$17.02	\$0.00	\$26.60	\$3.83	\$12.44	\$1.50	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.42	\$4.42									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.61	\$1.61									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.29	\$6.56	\$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	\$183.30	\$86.90	\$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	\$124.65										

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

FINAL

Provider: Newnan Hosp. Health & Rehab Ctr			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040719A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2207			1.2207	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.15			Qtrly BIMS score: 31.9%	2.5%	Quarterly Medicaid CMI: 1.4583			1.4583	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4843			1.4843	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,868,327	\$4,203,284	\$0	\$810,018	\$553,544	\$354,117	\$931,074	\$99,483	\$916,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,788)	(\$11,234)	\$0	\$0	\$0	\$0	(\$33,554)		(\$46,486)	\$46,486
7	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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2207</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	\$17.31	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$137.04	\$68.32	\$0.00	\$16.12	\$18.06		\$17.86	\$3.17	12.59 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Gwth Allwnc %	\$16.09	\$9.13	\$0.00	\$2.16	\$2.41	\$0.00	\$2.39	N/A	N/A	N/A
16	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4843</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.64	\$114.96	\$0.00	\$18.28	\$20.47	\$0.00	\$20.25	\$3.17	\$12.59	\$0.92
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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.45	\$3.45								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.95	\$6.85	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.59	\$121.81	\$0.00	\$18.50	\$20.88	\$0.00	\$37.72	\$3.17	\$12.59	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.87									

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

FINAL

Provider: National Health Care of Rossville				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083146A				Growth Allowance: N/A		13.37%		Base Period Overall CMI: 1.3032			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 24.0%		1.0%		Quarterly Medicaid CMI: 1.2039			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.85		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.2196			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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 Audited 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 Adjstmnt to Routine Svcs	Ln 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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.86								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (PRV)	\$1.01
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.2196								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.52	\$86.91	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.61	\$2.61								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.74	\$4.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.26	\$90.92	\$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	\$123.87									

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

FINAL

Provider: NHC of Fort Oglethorpe			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00344759A			Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.4032				1.4032	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 34.2%		2.5%	Quarterly Medicaid CMI: 1.4034				1.4034	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.86		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4267				1.4267	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$380,131)	(\$5,079)	\$0	\$10,065	(\$160)	(\$7,154)	(\$377,661)		\$2,726	(\$2,868)
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,598,060	\$3,441,127	\$0	\$721,053	\$379,794	\$425,220	\$1,089,837	\$205,015	\$338,882	(\$2,868)
8	Total Nursing Facility Days As Filed Days = 43,776	FY12 Audited C/R Days	43,776									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,860	FY 18 GL-PL Ins Rpt Days								44,860		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.61	\$78.61	\$0.00	\$16.47	\$18.39	(with L&H)	\$24.90	\$4.57	\$7.74	(\$0.07)
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4032								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	(\$0.07)
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4267								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.85	\$90.61	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.52	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$193.10	\$96.13	\$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	\$132.00									

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

FINAL

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		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:	N/A	Base Period Overall CMI:					1.4802	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	44.0%	Quarterly Medicaid CMI:					1.6191	1.4488
					3.55	Qtrly Mcaid CMI w RUG Wght Options:					1.6489	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%					
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%					
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41					
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col 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		1.4802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = 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 Svcs)	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 (FRV)	\$2.16
Quarterly Per Diem Rate Prior to Add-ons												
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		1.6489								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$193.52	\$106.63	\$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 - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.13	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.65	\$113.03	\$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	\$150.41									

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

FINAL

Provider: Northridge Hlth & Rehab Ctr		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide	
Prvdr ID: 00059331A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:					1.3456	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	25.7%	1.0%	Quarterly Medicaid CMI:					1.4389	1.4488
					3.56	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.4638	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	\$0	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,454,069	\$4,830,252	\$0	\$966,434	\$430,900	\$680,568	\$979,649	\$170,418	\$395,848	\$0	
8	Total Nursing Facility Days As Filed Days = 56,193	FY12 Audited C/R Days	56,193										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,103	FY 18 GL-PL Ins Rpt Days								56,103			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.45	\$85.96	\$0.00	\$17.20	\$19.78	(with L&H)	\$17.43	\$3.04	\$7.04	\$0.00	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3456									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.88									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	\$7.04	\$0.00	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$131.34	\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3.04	10.01 (FRV)	\$0.00	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Growth Allownc %	\$15.81	\$8.54	\$0.00	\$2.30	\$2.64	\$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 Qtr End		1.4638									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.01									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.74	\$106.01	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$203.61	\$110.78	\$0.00	\$19.72	\$22.83	\$0.00	\$37.23	\$3.04	\$10.01	\$0.00	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.88										

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

FINAL

Provider: Nursecare of Buckhead		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142183A		Case Mix Per Diem Rate Effective Date: 07/01/19		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3783				1.3783	1.3699	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.06		Qtrly BIMS score: 25.7%	1.0%	Quarterly Medicaid CMI: 1.4444				1.4444	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4687				1.4687	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$13,144,626	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$2,185,041	\$276,362	\$2,382,329	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$228,212)	\$0	\$0	\$0	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$12,916,414	\$5,635,643	\$0	\$1,184,644	\$550,569	\$930,038	\$1,956,829	\$276,362	\$2,131,509	\$250,820
8	Total Nursing Facility Days	As Filed Days = 77,604	FY13 Audited C/R Days	77,604								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 76,020	FY 18 GL-PL Ins Rpt Days							76,020		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$166.53	\$72.62	\$0.00	\$15.27	\$19.08	(with L&H)	\$25.22	\$3.64	\$27.47	\$3.23
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3783								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27.47	\$3.23
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.95	\$52.69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58	\$3.23
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	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 Qtr End		1.4687								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.72	\$87.73	\$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 ((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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
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	\$21.77	\$4.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.49	\$91.77	\$0.00	\$17.53	\$22.04	\$0.00	\$43.70	\$3.64	\$9.58	\$3.23
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.79									

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

FINAL

Provider: Oak View Home - Waverly Hall			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-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: 7/1/2019			Qtrly BIMS score: 35.9%			2.5%		Quarterly Medicaid CMI: 1.3212			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.90			3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.3428			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	Ln 7 / Ln 8 Col a	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.2630								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.48
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$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 + Ln 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		1.3428								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.37	\$89.89	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.95	\$95.37	\$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	\$120.64									

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

FINAL

Provider: Oakview Health & Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide	
Prvdr ID: 00142238A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:					1.2538	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	36.0%	2.5%	Quarterly Medicaid CMI:					1.4977	1.4488
					3.45	3.0%	Qtrly Mcaid CMI w RUG Wght Options:					1.5253	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37			
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$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 qtrs of FY12		1.2538									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.67									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.44	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$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 Qtr End		1.5253									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.91									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.90	\$104.91	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.40	\$6.30	\$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	\$208.30	\$111.21	\$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	\$143.40										

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Oceanside Health & Rehab - Tybee Prvdr ID: 003188970A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 21.4% Nurse Hours per On-Site Day/Quality Incentive: 3.31		Facility Score: N/A Add-on Percent: 13.37% 1.0% 1.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.3825 Quarterly Medicaid CMI: 1.4051 Qtrly Mcaid CMI w RUG Wght Options: 1.4526				Facility Specific Use Stwd: 1.3617 1.4283 1.4526	State-wide: 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 60,278		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,444		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$16.46	\$0.00
	Allowed @ 95% of Std		\$143.35	\$67.93		\$17.49	\$21.94		\$19.53		\$16.46	\$0.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$163.13	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.81	\$16.46	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4051							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$108.21								
	Quarterly Medicaid CMA Allowed Per Diem		\$194.32	\$108.21		\$19.83	\$24.87		\$22.14	\$2.81	\$16.46	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.08	\$1.08								
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.08	\$1.08								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$19.26									
	Quarterly Case Mix Based Per Diem Rate		\$213.59	\$110.37		\$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%	\$147.37										

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

FINAL

<div> <div> Provider: Oconee Health & Rehab Prvdr ID: 00142293A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.8% Nurse Hours per On-Site Day/Quality Incentive: 3.23 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: N/A Quarterly Medicaid CMI: 1.4603 Qtrly Mcaid CMI w RUG Wght Options: 1.4865 </div> <div> Facility Specific: 1.1620 1.4603 1.4865 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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	14,885									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,204										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$162.30	\$78.57	\$0.00	\$19.22	\$25.53	(with L&H)	\$22.35		\$13.29	\$0.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1620</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 Qtr End		<u>1.4865</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.49	\$113.94	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.85	\$2.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$6.80	\$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	\$221.39	\$120.74	\$0.00	\$20.87	\$26.18	\$0.00	\$40.41	\$2.78	\$9.85	\$0.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.22									

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

FINAL

<div> <div> Provider: Oconee Regional SNF Prvdr ID: 00947658A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 0.0% Nurse Hours per On-Site Day/Quality Incentive: 8.74 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 0.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 2.1590 Quarterly Medicaid CMI: 1.4488 Qtrly Mcaid CMI w RUG Wght Options: 1.4737 </div> <div> Facility Specific: 2.1590 1.4488 1.4737 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$1,247,306	\$20,101	\$301,762	\$3,258
8	Total Nursing Facility Days As Filed Days = 3,356	FY12 Audited C/R Days	3,356									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY 18 GL-PL Ins Rpt Days								2,003		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility <u>Case Mix Index</u> for All Residents from 4 qtrs of FY12			<u>2.1590</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$105.71								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$105.71	\$0.00	\$52.70	\$80.90		\$371.66	\$10.04	\$89.92	\$0.97
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	\$196.23	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$10.04	\$21.61	\$0.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4737</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$234.63	\$119.47	\$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 ((Sind - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$251.73	\$119.47	\$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	\$175.97									

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

FINAL

<div> <div> Provider: Orchard Health and Rehab Prvdr ID: 00142656A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.6% Nurse Hours per On-Site Day/Quality Incentive: 3.08 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 0.9752 Quarterly Medicaid CMI: 1.1619 Qtrly Mcaid CMI w RUG Wght Options: 1.1814 </div> <div> Facility Specific 0.9752 1.1619 1.1814 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7	Cost Center Costs After Audit Adjustments	FY12 Audited 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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,547 As Filed Days = 29,624	29,547									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13.88	\$14.21	(with L&H)	\$15.83		\$4.38	\$0.46
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>0.9752</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.46
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.63	\$8.75	\$0.00	\$1.86	\$1.90	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.34	\$74.19	\$0.00	\$15.74	\$16.11	\$0.00	\$17.95	\$3.40	\$7.49	\$0.46
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1814</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.80	\$87.65	\$0.00	\$15.74	\$16.11	\$0.00	\$17.95	\$3.40	\$7.49	\$0.46
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
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	\$23.45	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$172.25	\$93.00	\$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	\$116.36									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 48.4% Nurse Hours per On-Site Day/Quality Incentive: 4.62		Facility Score: N/A BIMS: 48.4% 4.62	Add-on Percent: 13.37% 5.5% 2.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2690 Quarterly Medicaid CMI: 1.2325 Qtrly Mcaid CMI w RUG Wght Options: 1.2607			Facility Specific: 1.2690 1.2325 1.2607	State-wide: 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	<i>Cost Center Peer Groups per Selected Options</i>			1	1	2	1	1	1			
	<i>Type of Facility within Peer Group</i>			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	<i>Bed Size Range within Peer Group</i>			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	<i>Peer Group Standards & Efficiency Measure Limits</i>											
	<i>Peer Group Standards: Percentile</i>			90.0%	90.0%	90.0%	85.0%		50.0%			
	<i>Peer Group Standards: Multiplier</i>			100.0%	100.0%	100.0%	100.0%		105.0%			
	<i>Efficiency Measures (Maximums)</i>			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 162,156		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,190		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.00
	<u>Allowed @ 95% of Std</u>		\$164.90	\$67.93		\$17.49	\$21.94		\$19.53		\$38.01	\$0.00
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$184.36	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.49	\$38.01	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1.2607							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$97.09								
	Quarterly Medicaid CMA Allowed Per Diem		\$204.43	\$97.09		\$19.83	\$24.87		\$22.14	\$2.49	\$38.01	\$0.00
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Svcs)		\$5.34	\$5.34								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.94	\$1.94								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$7.28									
	Quarterly Case Mix Based Per Diem Rate		\$211.71	\$104.37		\$19.83	\$24.87		\$22.14	\$2.49	\$38.01	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$158.79										

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

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<div> <div> Provider: Oxley Park Health & Rehab Prvdr ID: 00143316A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 11.4% Nurse Hours per On-Site Day/Quality Incentive: 3.32 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3255 Quarterly Medicaid CMI: 1.3803 Qtrly Mcaid CMI w RUG Wght Options: 1.4041 </div> <div> Facility Specific 1.3255 1.3803 1.4041 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,348										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66		\$2.73	\$17.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3255</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.90
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</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	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.72	\$66.15	\$0.00	\$16.13	\$17.92	\$0.00	\$22.29	\$2.73	\$16.60	\$0.90
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4041</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.45	\$92.88	\$0.00	\$16.13	\$17.92	\$0.00	\$22.29	\$2.73	\$16.60	\$0.90
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.79	\$2.79								
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	\$21.42	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.87	\$96.20	\$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	\$130.33									

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

FINAL

<div> <div> Provider: Palemon Gaskins Nursing Home Prvdr ID: 00142326A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.6% Nurse Hours per On-Site Day/Quality Incentive: 4.01 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2317 Quarterly Medicaid CMI: 1.1447 Qtrly Mcaid CMI w RUG Wght Options: 1.1645 </div> <div> Facility Specific: 1.2317 1.1447 1.1645 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,881	\$892,655	\$0	\$391,990	\$129,464	\$196,552	\$216,971	\$39,793	\$77,456	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$11,393)	(\$787)	\$0	\$0	\$145	(\$7,449)	(\$3,302)		(\$1,189)	\$1,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	\$891,868	\$0	\$391,990	\$129,609	\$189,103	\$213,669	\$39,793	\$76,267	\$1,189
8	Total Nursing Facility Days	As Filed Days = 10,670										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 10,104										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	10,670									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.43	\$83.59	\$0.00	\$36.74	\$29.87	(with L&H)	\$20.03	\$3.94	\$7.15	\$0.11
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2317</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20.03	\$3.94	11.85 (FRV)	\$0.11
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$18.74	\$9.07	\$0.00	\$3.90	\$3.09	\$0.00	\$2.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.78	\$76.94	\$0.00	\$33.05	\$26.18	\$0.00	\$22.71	\$3.94	\$11.85	\$0.11
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1645</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.44	\$89.60	\$0.00	\$33.05	\$26.18	\$0.00	\$22.71	\$3.94	\$11.85	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.59	\$4.12	\$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	\$209.03	\$93.72	\$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	\$143.95									

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

FINAL

Provider: Park Place Nursing Facility			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00002164A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2699			1.2699	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.40			Qtrly BIMS score: 42.5%	2.5%	Quarterly Medicaid CMI: 1.3996			1.3996	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4253			1.4253	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,751,354	\$4,322,740	\$0	\$858,886	\$423,220	\$448,248	\$807,710	\$347,845	\$542,705	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$582,209)	(\$98,808)	\$0	\$6,084	\$8,854	(\$4,868)	(\$207,568)		(\$363,773)	\$77,870
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,169,145	\$4,223,932	\$0	\$864,970	\$432,074	\$443,380	\$600,142	\$347,845	\$178,932	\$77,870
8	Total Nursing Facility Days As Filed Days = 57,271	FY12 Audited C/R Days	57,271									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 58,793	FY 18 GL-PL Ins Rpt Days								58,793		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$125.02	\$73.75	\$0.00	\$15.10	\$15.29	(with L&H)	\$10.48	\$5.92	\$3.12	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2699								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$120.25	\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5.92	14.03 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.22	\$7.76	\$0.00	\$2.02	\$2.04	\$0.00	\$1.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.47	\$65.83	\$0.00	\$17.12	\$17.33	\$0.00	\$11.88	\$5.92	\$14.03	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4253								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.47	\$93.83	\$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 ([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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.79	\$5.69	\$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	\$185.26	\$99.52	\$0.00	\$17.34	\$17.74	\$0.00	\$29.35	\$5.92	\$14.03	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.12									

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

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Provider: Parkside Ellijay				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141127A				Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3029			1.3029	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.14			Qtrly BIMS score: 41.6%	2.5%	Quarterly Medicaid CMI: 1.5732			1.5732	1.4488
								3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5995			1.5995	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,106,944	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$17,410	\$642,151	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtsmts	(\$62,077)	(\$129,666)	\$0	\$3,725	(\$1,710)	\$12,083	\$58,749		(\$57,355)	\$52,097	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,044,867	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$17,410	\$584,796	\$52,097	
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	35,922										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,355	FY 18 GL-PL Ins Rpt Days								29,355			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.39	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$0.59	\$16.28	\$1.45	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3029									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$0.59	\$16.28	\$1.45	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$132.43	\$53.83	\$0.00	\$23.31	\$23.09		\$20.56	\$0.59	9.60 (FRV)	\$1.45	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	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	\$148.59	\$61.03	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$0.59	\$9.60	\$1.45	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5995									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.62									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.18	\$97.62	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$0.59	\$9.60	\$1.45	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.22	\$5.90	\$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	\$208.40	\$103.52	\$0.00	\$26.65	\$26.18	\$0.00	\$40.41	\$0.59	\$9.60	\$1.45	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.48										

MONTH:	7/1/2019	Final	FISCAL YEAR ENDING JUNE 30, 2012					FRV	13.34										
Provider Name	Provider Number		RS-SNF	RS-ICF	SP-SERV	Dietary	Lnd-Hse	Opr-Mnt	Adm-Genrl	Prop Rel									
PARKWOOD DEV. CTR.	00142348A		10	10	10	8	6	6	6	2									
CERTIFIED BEDS	110		SNF	ICF				COST	CENTERS										
MEDICAID DAYS	40202		0	40,202															
Descriptions	Total	Total	Routine	Routine	Special	Dietary	Laundry/	Operations/	Admin/	A&G-GL-PL	Prop.	Tax/							
	SNF	ICF	Srvc SNF	Srvc ICF	Services		Housekpng	Maintenance	General	Insurance	Related	Ins							
REP HST COST		6,720,761	0	1,153,616	2,479,425	583,833	493,417	454,185	1,059,786	312,777	183,722								
HIST COST ADJ																			
1399		(2,479,425)			(2,479,425)														
1199		2,479,425		2,479,425															
1699		(454,185)						(454,185)											
1599		454,185					454,185												
1899		(44,230)									(44,230)								
1999		44,230										44,230							
1200		-	0	(39,218)															
1400		(321)				(321)													
1500		1,370					1,370												
1700		(98,948)							(98,948)										
1800		-									-								
1898		-									-								
TOTAL HIST ADJ		(137,117)	0	2,440,207	(2,479,425)	(321)	455,555	(454,185)	(98,948)		(44,230)	44,230							
NET HST COST		6,583,644	0	3,593,823	-	583,512	948,972	-	960,838	312,777	139,492	44,230							
PROJ COST ADJ																			
2800		-									-								
2000		-	0		-	-	-	-	-		-								
TOTAL PROJ ADJS		-	0	-	-	-	-	-	-		-								
TOTAL HST/PROJ		6,583,644	0	-	-	583,512	948,972		960,838	312,777	139,492	44,230							
REP PAT DAYS		40,213	0	40,213		40,213	40,213		40,213		40,213	40,213							
PAT DAY ADJS		-		-															
ADJ PAT DAYS		40,213		40,213	-	40,213	40,213		40,213		40,213	40,213							
TOTAL PT. DAYS GL-PL INS. RPT.										41,756									
NET PER DIEM		169.49		89.37	-	14.51	23.60		23.89	7.49	9.53	1.10							
STAND PER DIEM		172.20		89.37	-	14.51	23.60		23.89	7.49	13.34								
NURSING HOME PROVIDER FEE		17.10									(FRV)								
ALLOW PER DIEM		173.30		89.37	-	14.51	23.60		23.89	7.49	13.34	1.10							
GTH 13.37%		20.24		11.95	-	1.94	3.16		3.19		-	-							
INCEN PER DIEM		1.53		0.53	-	0.22	0.41		0.37										
TOTAL PER DIEM		212.17																	
BED HOLD & LEAVE DAY PER DIEM		146.30																	

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

FINAL

Provider: Pelham Parkway Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142425A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4543				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.41		Qtrly BIMS score: 32.3%	2.5%	Quarterly Medicaid CMI: 1.2533				1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2730				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.39
Quarterly Per Diem Rate Prior to Add-ons												
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		1.2730								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.68	\$68.42	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.71	\$1.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.61	\$4.29	\$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	\$181.29	\$72.71	\$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	\$123.14									

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

FINAL

Provider: Pine Knoll Nursing and Rehab Center			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142458A				Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4918				1.4918	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 28.9%	1.0%	Quarterly Medicaid CMI: 1.7132				1.7132	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.29	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7459				1.7459	1.4737	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$11,806	(\$1,979)	\$0	\$0	(\$703)	\$71	\$16,036		(\$12,308)	\$10,689
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	\$10,689
8	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,777	FY 18 GL-PL Ins Rpt Days								39,777		
9	Net Per Diems prior to Case Mix Adjstnt to Routine Svcs	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	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13.69		\$28.86	\$0.28	\$16.65	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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)	\$0.57
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/A
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	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7459								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.56	\$115.32	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.57
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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.15	\$1.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$21.72	\$3.99	\$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	\$204.28	\$119.31	\$0.00	\$16.04	\$15.93	\$0.00	\$44.33	\$0.28	\$7.82	\$0.57
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$140.39									

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

FINAL

Provider: Pinehill Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083135A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.0657			1.0657	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.55		Qtrly BIMS score: 40.6%		2.5%	2.5%	Quarterly Medicaid CMI: 1.4355			1.4355	1.4488
				Nurse Hours per On-Site Day/Quality Incentive: 2.55		2.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4613			1.4613	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4613								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.13	\$106.67	\$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	BtMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.50	\$6.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.63	\$113.07	\$0.00	\$16.32	\$21.60	\$0.00	\$35.44	\$1.41	\$8.82	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.40									

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

FINAL

Provider: **Pinewood Nursing Ctr**

Prvdr ID: **00142205A**

Case Mix Per Diem Rate Effective Date: **07/01/19**
MDS & Nurse Hrs Data per Quarter Ending: **03/31/19**

Add-on Data and Percentages
Growth Allowance: **N/A**
Qtrly BIMS score: **31.0%**
Nurse Hours per On-Site Day/Quality Incentive: **3.39**

Facility Score: **N/A**
Add-on Percent: **13.37%**
2.5%
3.0%

Case Mix Index (CMI) Data
Base Period Overall CMI: **1.1182**
Quarterly Medicaid CMI: **1.0804**
Qtrly Mcaid CMI w RUG Wght Options: **1.0952**

Facility Specific: **1.1182**
1.0804
1.0952
State-wide: **1.3699**
1.4488
1.4737

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance g	Property and Related h	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities All 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			
	Bed Size Range within Peer Group											
	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%		100.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmnts	(\$66,066)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$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	22,071									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,145									26,145	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.40
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.64	\$7.55	\$0.00	\$2.34	\$2.61	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.60	\$63.99	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0952								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 16, AllOthr = Ln 16	\$147.69	\$70.08	\$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	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.75	\$1.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$2.10	\$2.10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10									
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.11	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$169.80	\$74.46	\$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	\$114.53									

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

FINAL

Provider: Pinewood Manor Nursing Home			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142513A			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3181				1.3181	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 80.9%		80.9%	5.5%	Quarterly Medicaid CMI: 1.1855				1.1855	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.67		2.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2003				1.2003	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	35,486									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,000								34,000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.3181								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$36.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.66
Quarterly Per Diem Rate Prior to Add-ons												
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		1.2003								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$49.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$103.78	\$49.79	\$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 ((Stdnd - Alwdj) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.49	\$1.49								
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	\$22.86	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$126.64	\$54.55	\$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	\$82.16									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Pleasant View Nursing Center Prvdr ID: 00142546A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 36.4%		N/A	13.37%	Base Period Overall CMI: 1.1323 Quarterly Medicaid CMI: 1.3513 Qtrly Mcaid CMI w RUG Wght Options: 1.3744			1.1323	1.3617
				Nurse Hours per On-Site Day/Quality Incentive:		2.61	2.0%				1.3744	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Realocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,362								39,362		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	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 Qlr End		1.3744								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$61.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$114.20	\$61.92	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.67
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (\$Ind - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.55	\$1.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.24	\$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	\$21.42	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$135.62	\$65.24	\$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	\$88.89									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Porter Field H & R Ctr, LLC			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Pvdr ID: 00222582A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3070				1.3070	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.68		Qtrly BIMS score: 47.5%	5.5%	Quarterly Medicaid CMI: 1.3264				1.3264	1.4488
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3468				1.3468	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3070</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$104.52	\$47.19	\$0.00	\$11.76	\$17.76		\$16.09	\$2.13	8.21 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.40	\$6.31	\$0.00	\$1.57	\$2.37	\$0.00	\$2.15	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$116.92	\$53.50	\$0.00	\$13.33	\$20.13	\$0.00	\$18.24	\$2.13	\$8.21	\$1.38
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3468</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$135.47	\$72.05	\$0.00	\$13.33	\$20.13	\$0.00	\$18.24	\$2.13	\$8.21	\$1.38
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - AInd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.96	\$3.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.16	\$2.16								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.22	\$78.70	\$0.00	\$13.55	\$20.54	\$0.00	\$35.71	\$2.13	\$8.21	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$107.34									

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

FINAL

Provider: Powder Springs Nurs. & Rehab. Ctr.			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00530824A			Growth Allowance: N/A			13.37%	Base Period Overall CMI: 1.3795			1.3795	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 21.1%			1.0%	Quarterly Medicaid CMI: 1.4420			1.4420	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.22			3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4645			1.4645	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$2,238,868	\$267,364	\$1,880,975	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$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
8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979									
	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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.76
Quarterly Per Diem Rate Prior to Add-ons												
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		1.4645								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.12	\$89.44	\$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 ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.68	\$2.68								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.20	\$4.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.32	\$93.54	\$0.00	\$16.35	\$19.43	\$0.00	\$39.08	\$4.03	\$12.13	\$1.76
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.92									

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

FINAL

Provider: Premier Estate of Dublin			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141281A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1528			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.67			Qtrly BIMS score: 34.7%	2.5%	Quarterly Medicaid CMI: 1.3228			1.4488	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3426			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,520 As Filed Days = 35,818	20,520									
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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		1.3426								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.85	\$87.89	\$0.00	\$19.01	\$16.93	\$0.00	\$17.04	\$1.60	\$7.85	\$0.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Awdj] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.59	\$4.49	\$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	\$173.44	\$92.38	\$0.00	\$19.23	\$17.34	\$0.00	\$34.51	\$1.60	\$7.85	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$117.26									

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

FINAL

Provider: Presbyterian Home, Quitman, Inc.			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142579A			Growth Allowance: N/A		Qtrly BIMS score	51.0%	13.37%	Base Period Overall CMI: 1.1395				1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score		51.0%	5.5%	Quarterly Medicaid CMI: 1.4119				1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.70		3.70	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4367				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	Total Nursing Facility Days As Filed Days = 65,959	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	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1395								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.07	\$0.00	\$20.84	\$23.03		\$21.38	\$0.82	\$14.14	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$148.60	\$65.07	\$0.00	\$18.41	\$23.03		\$20.56	\$0.82	19.46 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.99	\$8.70	\$0.00	\$2.46	\$3.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.59	\$73.77	\$0.00	\$20.87	\$26.11	\$0.00	\$23.31	\$0.82	\$19.46	\$1.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4367								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.81	\$105.99	\$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 ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$5.83	\$5.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.58	\$9.54	\$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	\$207.39	\$115.53	\$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	\$155.54									

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

FINAL

Provider: Presbyterian Village, Inc.		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00362832A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.2644				1.2644	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 4.59	Qtrly BIMS score: 38.5%	2.5%	3.0%	Quarterly Medicaid CMI: 1.2909				1.2909	1.4488	
						Qtrly Mcaid CMI w RUG Wght Options: 1.3106				1.3106	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	\$0	\$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	37,499									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 35,475										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2644</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.71
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3106</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.61	\$106.25	\$0.00	\$19.84	\$26.18	\$0.00	\$23.31	\$1.06	\$18.26	\$0.71
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.19	\$3.19								
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	\$6.07	\$5.85	\$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	\$201.68	\$112.10	\$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	\$151.26									

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

FINAL

<div> <div> Provider: Providence Healthcare of Sparta Prvdr ID: 00142623A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.3% Nurse Hours per On-Site Day/Quality Incentive: 2.77 </div> <div> Facility Score 37.3% 2.77 </div> <div> Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2494 Quarterly Medicaid CMI: 1.4411 Qtrly Mcaid CMI w RUG Wght Options: 1.4674 </div> <div> Facility Specific 1.2494 1.4411 1.4674 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,565										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.12
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	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		1.4674								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.45	\$107.84	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng 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	\$24.20	\$6.47	\$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	\$209.65	\$114.31	\$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	\$144.41									

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

FINAL

<div> <div> Provider: Providence Healthcare of Thomaston Prvdr ID: 00142612A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 29.7% Nurse Hours per On-Site Day/Quality Incentive: 2.94 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2794 Quarterly Medicaid CMI: 1.4193 Qtrly Mcaid CMI w RUG Wght Options: 1.4446 </div> <div> Facility Specific 1.2794 1.4193 1.4446 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	36,622									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 31,325								31,325		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2794								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$103.08	\$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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4446								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$139.84	\$78.76	\$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 - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.78	\$3.68	\$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	\$161.62	\$82.44	\$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	\$108.39									

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

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Provider: PruittHealth - Ashburn, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140104A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	13.37%	33.3%	Base Period Overall CMI: 1.3806				1.3806	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.61	2.5%	3.0%	Quarterly Medicaid CMI: 1.6807				1.6807	1.4488		
Qtrly Mcaid CMI w RUG Wght Options: 1.7127									1.7127	1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$66,603)	(\$11,693)	\$0	\$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 Svcs	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		1.3806								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$123.02	\$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		1.7127								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.99	\$107.95	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.70	\$2.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng 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 + Ln 24	\$206.56	\$114.42	\$0.00	\$15.13	\$22.03	\$0.00	\$37.09	\$7.95	\$8.92	\$1.02
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.10									

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

FINAL

Provider: PruittHealth - Athens Heritage, LLC			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide
Prvdr ID: 00141391A			Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.6031				1.3617		
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 22.4%		1.0%	Quarterly Medicaid CMI: 1.3348				1.4488		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.28		2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3529				1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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 Adjstmlt to Routine Svcs	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 qtrs of FY12		1.6031								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.83								
12	Net Per Diems after Case Mix Adjstmlt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	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 Diem (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		1.3529								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.99	\$91.77	\$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 = 1.0% (to Routine Svcs)	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 Svcs)	Ln 19 Col b x Stfng 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	\$20.61	\$3.29	\$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	\$207.60	\$95.06	\$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	\$142.88									

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

FINAL

Provider: PruittHealth - Augusta			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059463A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: N/A			1.4445	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.76			Qtrly BIMS score: 19.7%	0.0%	Quarterly Medicaid CMI: 1.3659			1.3659	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3878			1.3878	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit 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	Cost 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	33,329									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,845								29,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4445</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	\$9.49	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$133.48	\$62.29	\$0.00	\$15.08	\$17.80		\$19.51	\$8.06	9.36 (FRV)	\$1.38
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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
16	CMA 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
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3878</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.21	\$98.01	\$0.00	\$17.10	\$20.18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.57	\$3.47	\$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 + Ln 24	\$197.78	\$101.48	\$0.00	\$17.32	\$20.59	\$0.00	\$39.59	\$8.06	\$9.36	\$1.38
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.51									

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

FINAL

Provider: PruittHealth - Austell			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00059276A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5684			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 28.0%	1.0%	Quarterly Medicaid CMI: 1.4456			1.4488	
						3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4701			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,420,257	\$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 Adjstmnts	(\$129,239)	(\$8,087)	\$0	(\$798)	(\$1,751)	(\$1,135)	(\$115,646)		(\$98,311)	\$96,489
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$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	FY12 Audited C/R Days	41,411									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,344	FY 18 GL-PL Ins Rpt Days								41,344		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.5684								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwrth 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		1.4701								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.00	\$94.69	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$21.64	\$4.32	\$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	\$209.64	\$99.01	\$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	\$144.41									

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

FINAL

<div> <div> Provider: PruittHealth Augusta Hills Prvdr ID: 00245055A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 47.0% Nurse Hours per On-Site Day/Quality Incentive: 3.51 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4845 Quarterly Medicaid CMI: 1.5132 Qtrly Mcaid CMI w RUG Wght Options: 1.5389 </div> <div> Facility Specific: 1.4845 1.5132 1.5389 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4845</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	\$6.66	\$1.60
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.41	\$60.02	\$0.00	\$16.28	\$20.19		\$17.56	\$9.96	8.80 (FRV)	\$1.60
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = <u>13.37%</u>	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5389</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.71								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.33	\$104.71	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9.96	\$8.80	\$1.60
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ((Std - Actd) x .75, 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	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.76	\$5.76								
23	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.09	\$2.09								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.48	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.81	\$113.09	\$0.00	\$18.68	\$23.30	\$0.00	\$37.38	\$9.96	\$8.80	\$1.60
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.78									

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

FINAL

Provider: PruittHealth - Blue Ridge, LLC				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140973A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5336			1.5336	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score 38.8%		38.8%	2.5%	Quarterly Medicaid CMI: 1.3156			1.3156	1.4488
				Nurse Hours per On-Site Day/Quality Incentive: 3.04		3.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3333			1.3333	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrmts	(\$130,716)	(\$8,065)	\$0	(\$1,169)	(\$13,877)	(\$14,537)	(\$87,679)		(\$46,929)	\$41,540
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	\$41,540
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 Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.18
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$14.93	\$7.43	\$0.00	\$1.97	\$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	\$142.72	\$63.00	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.3333								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.72	\$84.00	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7.97	\$1.18
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Abwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.52	\$2.52								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.60	\$89.15	\$0.00	\$16.92	\$24.02	\$0.00	\$40.41	\$6.95	\$7.97	\$1.18
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.13									

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

FINAL

Provider: PruittHealth - Brookhaven				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140115A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		Base Period Overall CMI: 1.6566		1.6566		1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.88		Qtrly BIMS score: 35.7%		Quarterly Medicaid CMI: 1.4992		1.4992		1.4488	
						3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5232		1.5232		1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjtmnts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)		(\$127,055)	\$120,089	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,189,381	\$5,781,601	\$0	\$923,090	\$674,652	\$388,711	\$1,250,643	\$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 Svcs	Ln 7 / Ln 8 Col a	\$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 qtrs of FY12		1.6566									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.30									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$148.95	\$68.30	\$0.00	\$18.06	\$20.81		\$20.56	\$7.11	11.76 (FRV)	\$2.35	
Quarterly Per Diem Rate Prior to Add-ons													
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		1.5232									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$117.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.53	\$117.94	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.95	\$2.95									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.54	\$3.54									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$7.02	\$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	\$231.28	\$124.96	\$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	\$160.64										

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

FINAL

Provider: Pruitt Covington			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00265196A			Growth Allowance: N/A		34.0%	13.37%	Base Period Overall CMI: 1.3923				1.3923	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 3.72		3.0%	2.5%	Quarterly Medicaid CMI: 1.5277				1.5277	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.72		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5546				1.5546	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$101,487)	\$0	\$0	\$0	\$0	\$0	(\$101,428)		(\$40,593)	\$40,534
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$4,249,383	\$2,108,885	\$0	\$444,031	\$256,227	\$338,422	\$552,675	\$170,824	\$337,785	\$40,534
8	Total Nursing Facility Days As Filed Days = 25,202	FY14 Audited C/R Days	25,202									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,191	FY 18 GL-PL Ins Rpt Days								24,191		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$168.90	\$83.68	\$0.00	\$17.62	\$23.60	(with L&H)	\$21.93	\$7.06	\$13.40	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3923								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$142.20	\$60.10	\$0.00	\$17.62	\$23.55		\$21.93	\$7.06	10.33 (FRV)	\$1.61
Quarterly Per Diem Rate Prior to Add-ons												
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 Medicaid Residents	per Current Qtr End		1.5546								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.47	\$105.93	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.33	\$1.61
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.65	\$2.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$24.05	\$6.36	\$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	\$220.52	\$112.29	\$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	\$152.57									

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

FINAL

Provider: PruittHealth - Crestwood				Facility Score		Add-on Percent		Case Mix Index (CMI) Data				Facility Specific		State-wide	
Prvdr ID: 00140764A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		13.37%		Base Period Overall CMI: 1.5323				1.5323		1.3617	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 54.7%		5.5%		Quarterly Medicaid CMI: 1.5951				1.5951		1.4488	
				Nurse Hours per On-Site Day/Quality Incentive: 3.43		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.6251				1.6251		1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance			
			a	b	c	d	e	f	g	g	h	i			
CASE MIX BASED RATE CALCULATIONS															
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes						
Peer Group Standards & Efficiency Measure Limits															
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%						
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%						
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37						
Base Period Per Diem Allowed Amounts															
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947	\$2,380,708	\$0	\$373,027	\$246,648	\$217,126	\$554,254	\$190,072	\$172,112	\$0			
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$74,729)	(\$6,607)	\$0	(\$1,240)	(\$287)	(\$1,099)	(\$65,329)		(\$24,958)	\$24,791			
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,059,218	\$2,374,101	\$0	\$371,787	\$246,361	\$216,027	\$488,925	\$190,072	\$147,154	\$24,791			
8	Total Nursing Facility Days As Filed Days = 26,925	FY12 Audited C/R Days	26,925												
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,297	FY 18 GL-PL Ins Rpt Days								25,297					
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$151.21	\$88.17	\$0.00	\$13.81	\$17.17	(with L&H)	\$18.16	\$7.51	\$5.47	\$0.92			
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5323											
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54											
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	\$5.47	\$0.92			
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$123.55	\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7.51	8.44 (FRV)	\$0.92			
Quarterly Per Diem Rate Prior to Add-ons															
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.27	\$7.69	\$0.00	\$1.85	\$2.30	\$0.00	\$2.43	N/A	N/A	N/A			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.82	\$65.23	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92			
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6251											
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.01											
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.60	\$106.01	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00				
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.83	\$5.83											
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18											
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10						
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.64	\$9.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00			
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.24	\$115.55	\$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 - Ln 23) * 0.75	\$141.86												

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

FINAL

<div> <div> Provider: PruittHealth - Decatur Prvdr ID: 00252942A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 21.8% Nurse Hours per On-Site Day/Quality Incentive: 3.85 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4114 Quarterly Medicaid CMI: 1.5743 Qtrly Mcaid CMI w RUG Wght Options: 1.6019 </div> <div> Facility Specific: 1.4114 1.5743 1.6019 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$8,512,345	\$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	(\$160,012)	(\$1,918)	\$0	\$0	\$0	\$0	(\$157,824)		(\$76,999)	\$76,729
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,352,333	\$4,783,789	\$0	\$686,216	\$560,740	\$447,601	\$988,782	\$351,272	\$457,204	\$76,729
8	Total Nursing Facility Days As Filed Days = 49,032	FY12 Audited C/R Days	49,032									
8	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,404	FY 18 GL-PL Ins Rpt Days								49,404		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$170.28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17		\$9.32	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4114								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$148.10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.56	\$9.24	\$0.00	\$1.87	\$2.75	\$0.00	\$2.70	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$164.66	\$78.37	\$0.00	\$15.87	\$23.31	\$0.00	\$22.87	\$7.11	\$15.57	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6019								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$211.83	\$125.54	\$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 ((SInd - 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$3.77	\$3.77								
23	Nursing Home Provider Fee (Fixed Amount)		\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.58	\$5.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.39	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.41	\$131.10	\$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	\$163.73									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: PruittHealth- Eastside				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140687A				Growth Allowance: N/A		28.4%	13.37%	Base Period Overall CMI: 1.4014			Use Stwde 1.4014	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 3.34		2.0%	1.0%	Quarterly Medicaid CMI: 1.4243			1.4243	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:				Qtrly Mcaid CMI w RUG Wght Options:				1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$2,831,833	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$647,837	\$216,538	\$71,558	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$269,785)	\$0	\$0	\$0	\$0	\$0	(\$269,785)		(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,369										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$150.45	\$65.58	\$0.00	\$16.58	\$23.55		\$24.02	\$8.21	11.29	\$1.22
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
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 Qtr End		1.4243								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$199.35	\$105.90	\$0.00	\$18.80	\$26.70	\$0.00	\$27.23	\$8.21	\$11.29	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.12	\$2.12								
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	\$3.93	\$3.71	\$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	\$203.28	\$109.61	\$0.00	\$19.02	\$26.70	\$0.00	\$27.23	\$8.21	\$11.29	\$1.22
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.46									

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

FINAL

Provider: PruittHealth - Fairburn, LLC			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142997A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4922			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.58			Qtrly BIMS score 18.6%	0.0%	Quarterly Medicaid CMI: 1.2632			1.4488	
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2809			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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								27,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$2.53
Quarterly Per Diem Rate Prior to Add-ons												
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		1.2809								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.12	\$103.84	\$0.00	\$19.05	\$24.85	\$0.00	\$23.31	\$7.30	\$14.24	\$2.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.81	\$2.08	\$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	\$214.93	\$105.92	\$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	\$148.37									

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

FINAL

Provider: PruittHealth- Fitzgerald			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140995A			Growth Allowance: N/A		13.37%	13.37%	Base Period Overall CMI: 1.2807				1.2807	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score: 16.0%		0.0%	0.0%	Quarterly Medicaid CMI: 1.3994				1.3994	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.94		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4257				1.4257	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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	13,166									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,941								23,941		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.32								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Althwnc %	\$15.60	\$7.53	\$0.00	\$1.82	\$3.11	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.59	\$63.85	\$0.00	\$15.41	\$26.38	\$0.00	\$26.60	\$7.84	\$11.53	\$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4257								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.77	\$91.03	\$0.00	\$15.41	\$26.38	\$0.00	\$26.60	\$7.84	\$11.53	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$20.58	\$3.26	\$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	\$200.35	\$94.29	\$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 - Ln 23) * 0.75	\$137.44									

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

FINAL

Provider: PruittHealth - Fort Oglethorpe Prvdr ID: 00214695A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 30.6% Nurse Hours per On-Site Day/Quality Incentive: 3.17		N/A	13.37% 2.5% 2.0%	Base Period Overall CMI: 1.3512 Quarterly Medicaid CMI: 1.4681 Qtrly Mcaid CMI w RUG Wght Options: 1.4910			1.3512 1.4681 1.4737	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,031										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3512								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4910								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.90	\$96.87	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.42	\$2.42								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.94	\$1.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$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	\$191.89	\$101.76	\$0.00	\$16.26	\$21.17	\$0.00	\$36.72	\$7.21	\$7.58	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.09									

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

FINAL

Provider: PruittHealth - Franklin, Inc		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00141039A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4254				1.4254	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.64		Qtrly BIMS score: 30.8%	2.5%	Quarterly Medicaid CMI: 1.3779				1.3779	1.4488	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4000				1.4000	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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-PL Ins. Rpt As Filed Days = 24,269	FY 18 GL-PL Ins Rpt Days								24,269		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4254								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4000								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.97	\$89.00	\$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 ([Std - Ahdw] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.23	\$2.23								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.78	\$1.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.27	\$4.54	\$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	\$185.24	\$93.54	\$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	\$126.11									

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

FINAL

Provider: PruittHealth-Greenville				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140038A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4082	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score:		38.8%	2.5%	Quarterly Medicaid CMI:			1.2051	1.4488
						2.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.2222	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,930										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4082</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.15	\$7.18	\$0.00	\$1.73	\$2.53	\$0.00	\$2.71	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.43	\$60.90	\$0.00	\$14.69	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2222</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.96	\$74.43	\$0.00	\$14.69	\$21.45	\$0.00	\$22.98	\$8.01	\$9.83	\$1.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Awdj) 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.86	\$1.86								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.23	\$2.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.57	\$4.62	\$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	\$175.53	\$79.05	\$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	\$118.82									

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

FINAL

<div> <div> Provider: PruittHealth - Griffin, LLC Prvdr ID: 00143052A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.3% Nurse Hours per On-Site Day/Quality Incentive: 3.48 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3383 Quarterly Medicaid CMI: 1.3756 Qtrly Mcaid CMI w RUG Wght Options: 1.4014 </div> <div> Facility Specific: 1.3383 1.3756 1.4014 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	23,575									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								22,296		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$150.24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$126.70	\$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												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allownc %	\$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		1.4014								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.54	\$91.11	\$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 ((Std - 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 Svcs)	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 Svcs)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$5.54	\$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	\$190.97	\$96.65	\$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	\$130.40									

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

FINAL

<div> <div> Provider: PruittHealth -Holly Hill Prvdr ID: 00141479A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 34.3% Nurse Hours per On-Site Day/Quality Incentive: 3.32 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4465 Quarterly Medicaid CMI: 1.5261 Qtrly Mcaid CMI w RUG Wght Options: 1.5513 </div> <div> Facility Specific 1.4465 1.5261 1.5513 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,960										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$153.40	\$91.81	\$0.00	\$14.09	\$17.30	(with L&H)	\$17.22		\$4.56	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4465								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	\$4.56	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8.91 (FRV)	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
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 Diem (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		1.5513								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.06	\$111.63	\$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 ([Std - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.79	\$2.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.23	\$2.23								
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	\$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	\$207.71	\$117.18	\$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	\$142.96									

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

FINAL

<div> <div> Provider: PruittHealth -Jasper Prvdr ID: 00142436A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.8% Nurse Hours per On-Site Day/Quality Incentive: 3.06 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5432 Quarterly Medicaid CMI: 1.4355 Qtrly Mcaid CMI w RUG Wght Options: 1.4562 </div> <div> Facility Specific: 1.5432 1.4355 1.4562 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	Ln 7 / Ln 8 Col a	\$176.05	\$91.96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23.92		\$9.91	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5432</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 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 Svcs)	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 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		<u>1.4562</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.95	\$98.38	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.98	\$0.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.97	\$1.97								
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	\$20.80	\$3.48	\$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	\$214.75	\$101.86	\$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	\$148.24									

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

FINAL

Provider: PruittHealth - Lakehaven				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141721A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4944				1.4944	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.39		Qtrly BIMS score: 23.9%	1.0%	Quarterly Medicaid CMI: 1.6452				1.6452	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6750				1.6750	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4944									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.29									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$124.89	\$60.29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	7.21 (FRV)	\$0.81	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 Qtr End		1.6750									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.49									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.70	\$114.49	\$0.00	\$16.60	\$18.17	\$0.00	\$21.30	\$7.12	\$7.21	\$0.81	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.20	\$5.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.90	\$119.59	\$0.00	\$16.82	\$18.58	\$0.00	\$38.77	\$7.12	\$7.21	\$0.81	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.85										

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

FINAL

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				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.4690				1.4690	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 30.5% <td>30.5%</td> <td>2.5%</td> <th colspan="4">Quarterly Medicaid CMI: 1.4944</th> <td>1.4944</td> <td>1.4488</td>		30.5%	2.5%	Quarterly Medicaid CMI: 1.4944				1.4944	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.94		2.94	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5224				1.5224	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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		1.4690									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.67									
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.36	
Quarterly Per Diem Rate Prior to Add-ons													
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		1.5224									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.99									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.55	\$102.99	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.57	\$2.57									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfing 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	\$24.29	\$6.19	\$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	\$202.84	\$109.18	\$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	\$139.31										

Provider: PruittHealth - Laurel Park Prvdr ID: 00908553A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 07/01/19			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.2708	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Qtrly Cognitive Performance Scale:		12.9%	0.0%	Quarterly Medicaid CMI:				1.3193	1.4283
			Nurse Hours per On-Site Day/Quality Incentive:		3.85	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3374	1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	h		i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i> Peer Group Standards & Efficiency Measure Limits	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	FY2012 C/R -FY 2018 GL-PL Rpt	\$1,951,062	\$921,724	\$0	\$129,053	\$104,115	\$150,194	\$390,704	224,989	\$30,283	\$0
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	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,726,073	\$921,724	\$0	\$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	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2708</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$99.59	\$0.00	\$17.72	\$34.92		\$53.65	\$7.36	\$2.63	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56		NA	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$144.40	\$71.51		\$17.72	\$23.09		\$20.56	\$7.36	\$2.63	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3374</u>							(FRV)	
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.82	\$108.42	\$0.00	\$20.09	\$26.18	\$0.00	\$23.31	\$7.36	\$22.93	\$1.53
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00		\$0.22	\$0.00		\$0.00		NA	
21	Cognitv Perfrm Scale Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$ 3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.57	\$3.25	\$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	\$230.39	\$111.68	\$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	\$159.97									

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

FINAL

Provider: PruittHealth -Lafayette, LLC Prvdr ID: 00254394A				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State- wide</u>
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 17.3% Nurse Hours per On-Site Day/Quality Incentive: 3.05		N/A	13.37% 0.0% 3.0%	Base Period Overall CMI: 1.2862 Quarterly Medicaid CMI: 1.5488 Qtrly Mcaid CMI w RUG Wght Options: 1.5760			1.2862 1.5488 1.4737	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjslmts	(\$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									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,261	FY 16 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2862</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5760</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.77	\$112.43	\$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 ([Snd - Atrwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.37	\$3.37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$210.77	\$116.33	\$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	\$145.25									

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

FINAL

Provider: PruittHealth -Lilburn, LLC			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00145527A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: N/A			1.4971	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.46			Qtrly BIMS score: 46.4%	5.5%	Quarterly Medicaid CMI: 1.4872			1.4872	1.4488
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5132			1.5132	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjslmts	(\$156,135)	(\$2,080)	\$0	\$0	(\$2,822)	(\$5,475)	(\$143,736)		(\$84,953)	\$82,931
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 Svcs	Ln 7 / Ln 8 Col 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4971								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 = <u>13.37%</u>	Ln 14 x Grwth Althwnc %	\$14.76	\$7.98	\$0.00	\$1.95	\$2.59	\$0.00	\$2.24	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.62	\$67.69	\$0.00	\$16.57	\$21.94	\$0.00	\$18.99	\$7.41	\$7.38	\$1.64
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.36	\$102.43	\$0.00	\$16.57	\$21.94	\$0.00	\$18.99	\$7.41	\$7.38	\$1.64
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.63	\$5.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$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	\$26.31	\$8.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.67	\$110.64	\$0.00	\$16.79	\$22.35	\$0.00	\$36.46	\$7.41	\$7.38	\$1.64
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.18									

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

FINAL

Provider: PruittHealth -Macon, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141908A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: N/A			1.4638	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.05		Qtrly BIMS score: 32.8%	2.5%	Quarterly Medicaid CMI: 1.3509			1.3509	1.4488
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3732			1.3732	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$240,269)	(\$23,336)	\$0	\$0	(\$247)	\$55,018	(\$271,704)		(\$133,221)	\$133,221
7	Cost 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
8	Total Nursing Facility Days As Filed Days = 75,230	FY12 Audited C/R Days	68,796									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 67,330	FY 18 GL-PL Ins Rpt Days								67,330		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4638								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.58								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	\$5.08	\$1.94
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$140.97	\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8.15	8.36 (FRV)	\$1.94
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth 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
16	CMA 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
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3732								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.95	\$105.21	\$0.00	\$15.18	\$26.08	\$0.00	\$21.03	\$8.15	\$8.36	\$1.94
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.10	\$2.10								
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	\$23.02	\$5.26	\$0.00	\$0.22	\$0.07	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.97	\$110.47	\$0.00	\$15.40	\$26.15	\$0.00	\$38.50	\$8.15	\$8.36	\$1.94
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$143.90									

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

FINAL

<div> <div> Provider: PruittHealth - Magnolia Manor Prvdr ID: 00252007A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 11.9% Nurse Hours per On-Site Day/Quality Incentive: 3.25 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4894 Quarterly Medicaid CMI: 1.4753 Qtrly Mcaid CMI w RUG Wght Options: 1.4998 </div> <div> Facility Specific 1.4894 1.4753 1.4998 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,284										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	32,413									
		FY 18 GL-PL Ins Rpt Days								32,284		
10	Base Period Facility Case Mix Index for All Residents	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
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.4894								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$65.00								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$65.00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
		Lesser of Ln 12 or Ln 13	\$166.36	\$65.00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07	\$3.78
											(FRV)	
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	\$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	per Current Qtr End		1.4998								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$220.18	\$110.52	\$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 = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.21	\$2.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.84	\$2.74	\$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	\$240.02	\$113.26	\$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	(Ln 25 - Ln 23) * 0.75	\$167.19									

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

FINAL

Provider: PruittHealth- Marietta			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00202507A			Growth Allowance:			N/A	13.37%	Base Period Overall CMI:				1.2754	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score			25.5%	1.0%	Quarterly Medicaid CMI:				1.5292	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			3.30	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5541	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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)	(\$95,857)		(\$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	19,843										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 40,456								40,456			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.78									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1.48	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$152.26	\$69.78	\$0.00	\$16.29	\$18.60		\$23.46	\$7.08	15.57 (FRV)	\$1.48	
Quarterly Per Diem Rate Prior to Add-ons													
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	\$169.40	\$79.11	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.57	\$1.48	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5541									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.94									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.23	\$122.94	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.57	\$1.48	
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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.23	\$1.23									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.69	\$3.69									
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$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	\$236.41	\$128.39	\$0.00	\$18.69	\$21.50	\$0.00	\$43.70	\$7.08	\$15.57	\$1.48	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.48										

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

FINAL

Provider: PruittHealth - Millen				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140269A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5517				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 38.3%	2.5%	Quarterly Medicaid CMI: 1.6050				1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6362				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37			
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjtsmts	(\$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	\$0	\$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 C/R 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 Svcs	Ln 7 / Ln 8 Col a	\$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 qtrs of FY12		1.5517									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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	\$124.02	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	14.74 (FRV)	\$0.61	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$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	\$137.47	\$53.48	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$14.74	\$0.61	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6362									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.50									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.49	\$87.50	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$14.74	\$0.61	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ((Std - Ahdw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00		
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.19	\$2.19									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63									
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	\$23.45	\$5.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.94	\$92.85	\$0.00	\$17.25	\$21.71	\$0.00	\$39.67	\$8.11	\$14.74	\$0.61	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.38										

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

FINAL

<div> <div> Provider: PruittHealth - Monroe, LLC Prvdr ID: 00141468A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.3% Nurse Hours per On-Site Day/Quality Incentive: 3.04 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2064 Quarterly Medicaid CMI: 1.3285 Qtrly Mcaid CMI w RUG Wght Options: 1.3491 </div> <div> Facility Specific 1.2064 1.3285 1.3491 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,782										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	24,301									
		Ln 7 / Ln 8 Col a										
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7.46	\$1.73	\$0.73
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$138.89	\$68.26	\$0.00	\$13.06	\$23.09		\$17.16	\$7.46	9.13 (FRV)	\$0.73
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$16.26	\$9.13	\$0.00	\$1.75	\$3.09	\$0.00	\$2.29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$155.15	\$77.39	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.13	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3491</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.17	\$104.41	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.13	\$0.73
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.61	\$2.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.13	\$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	\$23.96	\$6.27	\$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	\$206.13	\$110.68	\$0.00	\$15.03	\$26.18	\$0.00	\$36.92	\$7.46	\$9.13	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.77									

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

FINAL

Provider: PruittHealth - Moultrie				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142095A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.4840	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		20.3%	1.0%	Quarterly Medicaid CMI:			1.6018	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		3.05	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.6333	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14.68	\$22.76		\$21.93	\$7.00	\$20.91	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth 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	\$23.31	\$7.00	\$18.56	\$0.53
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6333</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.69	\$98.85	\$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 ([Sind - Alwd] 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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.97	\$2.97								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.06	\$4.49	\$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	\$212.75	\$103.34	\$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	\$146.74									

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

FINAL

Provider: **PruittHealth- Ocilla**

Prvdr ID: **00142315A**

Case Mix Per Diem Rate Effective Date: **07/01/19**
MDS & Nurse Hrs Data per Quarter Ending: **03/31/19**

Add-on Data and Percentages
Growth Allowance: **N/A**
Qtrly BIMS score: **25.9%**
Nurse Hours per On-Site Day/Quality Incentive: **3.39**

Facility Score: **N/A**
Add-on Percent: **13.37%**
1.0%
3.0%

Case Mix Index (CMI) Data
Base Period Overall CMI: **1.2894**
Quarterly Medicaid CMI: **1.5616**
Qtrly Mcaid CMI w RUG Wght Options: **1.5914**

Facility Specific: **1.2894**
1.5616
1.5914
State-wide: **1.3699**
1.4488
1.4737

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance g	Property and Related h	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,843)	(\$596)	\$0	(\$1,057)	\$0	\$0	(\$73,521)		(\$4,692)	\$13,023
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	\$13,023
8	Total Nursing Facility Days	As Filed Days = 12,967										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,080										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY13 Audited C/R Days										
		FY 18 GL-PL Ins Rpt Days								23,080		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$156.42	\$78.73	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1.00
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY10		1.2894								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$61.06								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	\$8.39	\$1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
		Lesser of Ln 12 or Ln 13	\$139.31	\$61.06	\$0.00	\$14.52	\$22.44		\$22.69	\$8.65	8.95	\$1.00
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
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/A
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	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5914								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.16								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.38	\$110.16	\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8.65	\$8.95	\$1.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.03	\$4.93	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.41	\$115.09	\$0.00	\$16.68	\$25.85	\$0.00	\$43.19	\$8.65	\$8.95	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.73									

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

FINAL

Provider: PruittHealth - Old Capitol				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142304A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2935			1.2935	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.89		Qtrly BIMS score: 31.8%	2.5%	Quarterly Medicaid CMI: 1.1991			1.1991	1.4488
							2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2177			1.2177	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 qtrs of FY12		1.2935								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 + Ln 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		1.2177								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$69.36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$134.86	\$69.36	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.73	\$1.73								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.39	\$1.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$3.65	\$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	\$156.61	\$73.01	\$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	\$104.63									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: Palmyra Nursing Home, Inc.				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142337A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.3544	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score:		34.0%	2.5%	Quarterly Medicaid CMI:			1.4544	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		3.56	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4816	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$1,099,099)	\$0	\$0	\$0	\$0	\$0	(\$1,099,099)		(\$37,252)	\$37,252
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$8,936,754	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$1,059,285	\$601,493	\$487,756	\$37,252
8	Total Nursing Facility Days	As Filed Days = 60,292										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 79,384										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.83	\$72.52	\$0.00	\$13.90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.62
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3544								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	\$8.71	\$0.62
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14.52	\$7.16	\$0.00	\$1.86	\$3.15	\$0.00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.99	\$60.70	\$0.00	\$15.76	\$26.70	\$0.00	\$19.92	\$7.58	\$8.71	\$0.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4816								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.22	\$89.93	\$0.00	\$15.76	\$26.70	\$0.00	\$19.92	\$7.58	\$8.71	\$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)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.80	\$1.80								
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	\$5.17	\$4.58	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.39	\$94.51	\$0.00	\$15.98	\$26.70	\$0.00	\$20.29	\$7.58	\$8.71	\$0.62
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.79									

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

FINAL

Provider: PruittHealth - Peake, LLC			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143327A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4021			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 34.2%	2.5%	Quarterly Medicaid CMI: 1.3302			1.4488	
						4.04	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3553			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Svcs	Ln 7 / Ln 8 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		<u>1.4021</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$2.63
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Alhwn %	\$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		<u>1.3553</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.67	\$103.76	\$0.00	\$17.77	\$23.49	\$0.00	\$21.32	\$7.10	\$15.60	\$2.63
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$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	\$214.97	\$108.96	\$0.00	\$17.99	\$23.90	\$0.00	\$38.79	\$7.10	\$15.60	\$2.63
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.40									

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

FINAL

Provider: PruittHealth- Rome		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 299031876A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	13.37%		Base Period Overall CMI: 1.3499				1.3499	1.4014	
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19	Qtrly BIMS score: 45.6%	5.5%		Quarterly Medicaid CMI: 1.5099				1.5099	1.4488	
			Nurse Hours per On-Site Day/Quality Incentive: 3.55	2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5338				1.5338	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,269,285	\$1,421,270	\$0	\$302,768	\$145,782	\$429,310	\$569,705	\$240,597	\$159,853	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716)		(\$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									
	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 Svcs	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								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	\$0.00	
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 (FRV)	\$1.41
Quarterly Per Diem Rate Prior to Add-ons												
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		1.5338								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.94	\$99.91	\$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 ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.50	\$5.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$25.35	\$8.03	\$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	\$217.29	\$107.94	\$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	\$150.14									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ? : No			Add-on Data and Percentages Growth Allowance: 07/01/19 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Facility Score N/A BIMS: 13.2% 3.90			Add-on Percent 13.37% 0.0% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.5049 Quarterly Medicaid CMI: 1.5294 Qtrly Mcaid CMI w RUG Wght Options: 1.5556			Facility Specific 1.5049 1.5294 1.5556		State-wide 1.3617 1.4283 1.4526	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance						
			a	b	c	d	e	f	g		h	i						
CASE MIX BASED RATE CALCULATIONS																		
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1									
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities									
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes									
	Peer Group Standards & Efficiency Measure Limits																	
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%									
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%									
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37									
	Per Diem Costs and Add-ons																	
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 288,717								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								40,469								
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.51	\$0.92						
	Allowed @ 95% of Std		\$153.32	\$67.93		\$17.49	\$21.94		\$19.53		\$25.51	\$0.92						
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61									
	CMA Allowed Per Diem (After Growth Allowance)		\$177.42	\$77.01		\$19.83	\$24.87		\$22.14	\$ 7.13	\$25.51	\$0.92						
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5556							(FRV Rate)							
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$119.80														
	Quarterly Medicaid CMA Allowed Per Diem		\$220.20	\$119.80		\$19.83	\$24.87		\$22.14	\$7.13	\$25.51	\$0.92						
	Quarterly Per Diem Add-On Amounts																	
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00														
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.59	\$3.59														
	Nursing Home Provider Fee		\$17.10						17.10									
	Total Quarterly Per Diem Add-On Amounts		\$20.69															
	Quarterly Case Mix Based Per Diem Rate		\$240.90	\$123.39		\$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%	\$167.85																

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

FINAL

<div> <div> Provider: PruittHealth - Shepherd Hills, LLC Prvdr ID: 00142964A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 28.7% Nurse Hours per On-Site Day/Quality Incentive: 3.14 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4305 Quarterly Medicaid CMI: 1.3256 Qtrly Mcaid CMI w RUG Wght Options: 1.3468 </div> <div> Facility Specific: 1.4305 1.3256 1.3468 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 GL-PL 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 Svcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16.97	(with L&H)	\$16.46		\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4305								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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)	Ln 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		1.3468								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.98	\$84.26	\$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 ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.69	\$1.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$173.14	\$87.32	\$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	\$117.03									

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

FINAL

Provider: PruittHealth -Spring Valley, LLC		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00143096A		Growth Allowance: N/A		35.7%	13.37%	Base Period Overall CMI:				1.3401	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019		Qtrly BIMS score		3.33	2.5%	Quarterly Medicaid CMI:				1.5187	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:			3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.5459	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3401</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5459</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.56	\$101.19	\$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 ((Std - Actd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.83	\$6.10	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.39	\$107.29	\$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	\$141.22									

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

FINAL

Provider: PruittHealth - Sunrise, LLC				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00143173A				Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI:			1.3624	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 25.0%		25.0%	1.0%	Quarterly Medicaid CMI:			1.5575	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.42		3.42	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5865	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Ins Rpt Days								19,808		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.98
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		1.5865								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.77	\$89.29	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$188.08	\$92.50	\$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	\$128.24									

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

FINAL

<div> <div> Provider: PruittHealth - Swainsboro, LLC Prvdr ID: 00143195A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qltry BIMS score: 43.7% Nurse Hours per On-Site Day/Quality Incentive: 3.00 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4255 Quarterly Medicaid CMI: 1.3740 Qltry Mcaid CMI w RUG Wght Options: 1.3960 </div> <div> Facility Specific: 1.4255 1.3740 1.3960 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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	33,677									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,277								29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.92
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 Qltr End		<u>1.3960</u>								
18	Qltry Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.48	\$94.98	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng 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	\$22.90	\$4.80	\$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	\$191.38	\$99.78	\$0.00	\$14.88	\$20.99	\$0.00	\$37.46	\$8.46	\$8.89	\$0.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.71									

Quarterly Case Mix Based Per Diem Rate Calculations
Based On Unaudited 12/31/14 Cost Report Data

FINAL

Provider: PruittHealth- Sylvester		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data		Facility Specific	State-wide
Prvdr ID: 00143206A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:	N/A	Base Period Overall CMI:		1.3730	1.4014
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 26.1%	1.0%	Quarterly Medicaid CMI:		1.4235	1.4488
				3.42	3.0%	Qtrly Mcaid CMI w RUG Wght Options:		1.4454	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,586,489	\$1,830,958	\$0	\$352,690	\$278,432	\$442,485	\$1,057,601	\$281,499	\$342,824	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmnts	(\$517,210)	\$0	\$0	\$0	\$0	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	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		27,754								
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								38,792		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 Index for All Residents	from 4 qtrs of FY10		1.3730								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$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 Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.87	\$6.42	\$0.00	\$1.70	\$3.15	\$0.00	\$2.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.29	\$54.47	\$0.00	\$14.41	\$26.70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4454								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.55	\$78.73	\$0.00	\$14.41	\$26.70	\$0.00	\$22.07	\$7.26	\$9.61	\$0.77
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.36	\$2.36								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.37	\$3.68	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.92	\$82.41	\$0.00	\$14.63	\$26.70	\$0.00	\$39.54	\$7.26	\$9.61	\$0.77
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$122.87									

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

FINAL

<div> <div> Provider: PruittHealth -Toccoa, LLC Prvdr ID: 00143305A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 26.0% Nurse Hours per On-Site Day/Quality Incentive: 3.16 </div> <div> Facility Score Add-on Percent 13.37% 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5108 Quarterly Medicaid CMI: 1.4934 Qtrly Mcaid CMI w RUG Wght Options: 1.5187 </div> <div> Facility Specific 1.5108 1.4934 1.5187 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$202,781)	(\$18,549)	\$0	(\$354)	(\$6,453)	(\$6,099)	(\$169,982)		(\$48,498)	\$47,154
7	Cost Center Costs After Audit Adjustments	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	60,191									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 57,413								\$7,413		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.03	\$76.87	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95		\$1.75	\$0.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5108								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.77	\$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	6.48 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.63	\$6.80	\$0.00	\$1.94	\$2.49	\$0.00	\$2.40	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.40	\$57.68	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7.59	\$6.48	\$0.78
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5187								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.32	\$87.60	\$0.00	\$16.44	\$21.08	\$0.00	\$20.35	\$7.59	\$6.48	\$0.78
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.04	\$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	\$182.46	\$91.64	\$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	\$124.02									

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

FINAL

<div> <div> Provider: PruittHealth - Toomsboro, LLC Prvdr ID: 00409494A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.0% Nurse Hours per On-Site Day/Quality Incentive: 3.31 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3444 Quarterly Medicaid CMI: 1.4749 Qtrly Mcaid CMI w RUG Wght Options: 1.5009 </div> <div> Facility Specific: 1.3444 1.4749 1.5009 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,076,559	\$1,544,994	\$0	\$302,818	\$187,131	\$250,455	\$452,237	\$149,170	\$189,754	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$61,734)	(\$5,005)	\$0	(\$758)	(\$882)	\$102	(\$55,009)		(\$25,537)	\$25,355
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,014,825	\$1,539,989	\$0	\$302,060	\$186,249	\$250,557	\$397,228	\$149,170	\$164,217	\$25,355
8	Total Nursing Facility Days	As Filed Days = 20,394										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 20,031										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	20,394									
		FY 18 GL-PL Ins Rpt Days								20,031		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a	\$147.96	\$75.51	\$0.00	\$14.81	\$21.42	(with L&H)	\$19.48	\$7.45	\$8.05	\$1.24
		from 4 qtrs of FY12		<u>1.3444</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$134.56	\$56.17	\$0.00	\$14.81	\$21.42		\$19.48	\$7.45	13.99 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5009</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.41	\$95.58	\$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 ((Std - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$23.89	\$5.79	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.30	\$101.37	\$0.00	\$17.01	\$24.69	\$0.00	\$39.55	\$7.45	\$13.99	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.15									

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

FINAL

Provider: PruittHealth - Valdosta			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00141369A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.6176			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.62			Qtrly BIMS score: 24.7%	1.0%	Quarterly Medicaid CMI: 1.6637			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6965			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$97,943)	(\$5,060)	\$0	\$0	(\$2,159)	(\$2,649)	(\$86,789)		(\$37,125)	\$35,839
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,229,074	\$2,988,859	\$0	\$460,159	\$339,149	\$272,975	\$729,726	\$235,785	\$166,582	\$35,839
8	Total Nursing Facility Days As Filed Days = 33,103	FY12 Audited C/R Days	33,103									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977	FY 18 GL-PL Ins Rpt Days								31,977		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$158.20	\$90.29	\$0.00	\$13.90	\$18.49	(with L&H)	\$22.04	\$7.37	\$5.03	\$1.08
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6176</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.82	\$0.00	\$13.90	\$18.49		\$22.04	\$7.37	\$5.03	\$1.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$126.66	\$55.82	\$0.00	\$13.90	\$18.49		\$20.56	\$7.37	9.44 (FRV)	\$1.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.54	\$7.46	\$0.00	\$1.86	\$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	\$141.20	\$63.28	\$0.00	\$15.76	\$20.96	\$0.00	\$23.31	\$7.37	\$9.44	\$1.08
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6965</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.27	\$107.35	\$0.00	\$15.76	\$20.96	\$0.00	\$23.31	\$7.37	\$9.44	\$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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.07	\$1.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.22	\$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	\$22.55	\$4.82	\$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	\$207.82	\$112.17	\$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	\$143.04									

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

FINAL

Provider: PruittHealth - Virginia Park			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00140401A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4219			1.4219	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score: 39.0%	2.5%	Quarterly Medicaid CMI: 1.4956			1.4956	1.4488
						3.59	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5211			1.5211	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjctmts	\$7,650	(\$7,451)	\$0	\$0	\$32,997	\$27,922	(\$111,623)		(\$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	\$1,216,168	\$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-PL 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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$83.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$148.28	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.57 (FRV)	\$1.86
Quarterly Per Diem Rate Prior to Add-ons												
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)	Ln 14 + Ln 15	\$165.32	\$81.07	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.57	\$1.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5211								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.57	\$123.32	\$0.00	\$20.34	\$19.76	\$0.00	\$23.31	\$7.41	\$11.57	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.08	\$3.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.70	\$3.70								
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	\$24.51	\$6.78	\$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	\$232.08	\$130.10	\$0.00	\$20.56	\$20.17	\$0.00	\$40.41	\$7.41	\$11.57	\$1.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.24									

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

FINAL

<div> <div> Provider: PruittHealth - West Atlanta Prvdr ID: 00256088A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 9.3% Nurse Hours per On-Site Day/Quality Incentive: 2.80 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3473 Quarterly Medicaid CMI: 1.2471 Qtrly Mcaid CMI w RUG Wght Options: 1.2654 </div> <div> Facility Specific 1.3473 1.2471 1.2654 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$116,610)	(\$7,200)	\$0	(\$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	\$0	\$586,617	\$437,674	\$552,247	\$807,785	\$288,717	\$200,201	\$64,064
8	Total Nursing Facility Days	As Filed Days = 39,588	39,588									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,621										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3473</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2654</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.23	\$90.10	\$0.00	\$16.80	\$26.18	\$0.00	\$23.13	\$8.34	\$10.06	\$1.62
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.87	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.12		\$0.00	
21	BIMS Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$19.77	\$2.33	\$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	\$196.00	\$92.43	\$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	\$134.18									

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

FINAL

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		51.1%	13.37%	Base Period Overall CMI: 1.2112			1.2112	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		5.5%	5.5%	Quarterly Medicaid CMI: 1.3509			1.3509	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.87		2.0%	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3776			1.3776	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,924,434	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0.00	\$16.21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2112								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$52.21	\$0.00	\$16.21	\$24.72		\$17.78	\$3.48	\$1.33	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23.09		\$17.78	\$3.48	9.86 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Althnc %	\$14.62	\$6.98	\$0.00	\$2.17	\$3.09	\$0.00	\$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.70	\$59.19	\$0.00	\$18.38	\$26.18	\$0.00	\$20.16	\$3.48	\$9.86	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3776								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.05	\$81.54	\$0.00	\$18.38	\$26.18	\$0.00	\$20.16	\$3.48	\$9.86	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.48	\$4.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$1.63	\$1.63								
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	\$24.33	\$6.64	\$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	\$185.38	\$88.18	\$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	\$126.21									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Quinton Memorial Health Care			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00150279A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.2702	1.3617
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/19		BIMS:	26.7%	Quarterly Medicaid CMI:			1.3392	1.4283
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3607	1.4526

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 12,007		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								41,659		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$19.72	\$0.09
	Allowed @ 95% of Std		\$146.70	\$67.93		\$17.49	\$21.94		\$19.53		\$19.72	\$0.09
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$163.96	\$77.01		\$19.83	\$24.87		\$22.14	\$ 0.29	\$19.72	\$0.09
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3607							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$104.79								
	Quarterly Medicaid CMA Allowed Per Diem		\$191.73	\$104.79		\$19.83	\$24.87		\$22.14	\$0.29	\$19.72	\$0.09
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.05	\$1.05								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.14	\$3.14								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.29									
	Quarterly Case Mix Based Per Diem Rate		\$213.03	\$108.98		\$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%	\$146.94										

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

FINAL

<div> <div> Provider: Regency Park Health Care Prvdr ID: 00837207A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 13.0% Nurse Hours per On-Site Day/Quality Incentive: 4.01 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.4547 Quarterly Medicaid CMI: 1.2978 Qtrly Mcaid CMI w RUG Wght Options: 1.3200 </div> <div> Facility Specific 1.4547 1.2978 1.3200 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$486)	\$2,875
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 34,984 As Filed Days = 33,329	34,984									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$174.47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0.30	\$13.65	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.61	\$70.08	\$0.00	\$18.41	\$21.26		\$18.01	\$0.30	20.47 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$17.08	\$9.37	\$0.00	\$2.46	\$2.84	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.69	\$79.45	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20.47	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3200								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.87								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.11	\$104.87	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20.47	\$0.08
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Atwcl) 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 =	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.56	\$3.68	\$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	\$212.67	\$108.55	\$0.00	\$20.87	\$24.51	\$0.00	\$37.89	\$0.30	\$20.47	\$0.08
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.68									

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

FINAL

Provider: Rehabilitation Center of South Georgia			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143283A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.1416	1.3699
Case Mix Per Diem Rate Effective Date: 07/01/19			Qtrly BIMS score		41.1%	2.5%	Quarterly Medicaid CMI:				1.6020	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		4.04	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6311	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$4,670,969	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$687,593	\$87,638	\$137,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$66,287)	\$0	\$0	\$0	\$0	\$0	(\$66,287)		(\$36,614)	\$36,614
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$4,604,682	\$2,545,880	\$0	\$515,909	\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
8	Total Nursing Facility Days	As Filed Days = 35,948	35,948									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,600								52,600		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$15.11	\$8.29	\$0.00	\$1.92	\$2.59	\$0.00	\$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.52	\$70.32	\$0.00	\$16.27	\$21.95	\$0.00	\$19.59	\$1.67	\$8.70	\$1.02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6311								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.90	\$114.70	\$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 ([(Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.87	\$2.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.44	\$3.44								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.94	\$6.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$208.84	\$121.54	\$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	\$143.81									

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

FINAL

Provider: Reliable Health and Rehab			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 321026473A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4077			1.4077	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.83			Qtrly BIMS score: 40.3%	2.5%	Quarterly Medicaid CMI: 1.3359			1.3359	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3577			1.3577	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days	As Filed Days = 33,132	33,132									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,538										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4077</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.97	\$59.41	\$0.00	\$13.22	\$22.55		\$20.56	\$3.79	10.59	\$1.85
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.47	\$7.94	\$0.00	\$1.77	\$3.01	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.44	\$67.35	\$0.00	\$14.99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3577</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.53	\$91.44	\$0.00	\$14.99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$23.28	\$5.56	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.81	\$97.00	\$0.00	\$15.21	\$25.96	\$0.00	\$40.41	\$3.79	\$10.59	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.28									

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

FINAL

Provider: Reliable Health and 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: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4077			1.4077	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.83			Qtrly BIMS score: 40.3%	2.5%	Quarterly Medicaid CMI: 1.3359			1.3359	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3577			1.3577	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.97	\$59.41	\$0.00	\$13.22	\$22.55		\$20.56	\$3.79	10.59 (FRV)	\$1.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.47	\$7.94	\$0.00	\$1.77	\$3.01	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.44	\$67.35	\$0.00	\$14.99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3577								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.53	\$91.44	\$0.00	\$14.99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0.40	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.28	\$5.56	\$0.00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.81	\$97.00	\$0.00	\$15.21	\$25.96	\$0.00	\$40.41	\$3.79	\$10.59	\$1.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.28									

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

FINAL

<div> <div> Provider: Renaissance Care and Rehab Center Prvdr ID: 00141754A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 33.3% Nurse Hours per On-Site Day/Quality Incentive: 3.83 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5068 Quarterly Medicaid CMI: 1.4800 Qtrly Mcaid CMI w RUG Wght Options: 1.5069 </div> <div> Facility Specific 1.5068 1.4800 1.5069 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844	\$3,133,899	\$0	\$633,824	\$307,648	\$383,833	\$1,401,624	\$971,207	\$554,809	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$704,220)	(\$113,058)	\$0	(\$8,120)	(\$52,134)	(\$92,943)	(\$302,407)		(\$189,527)	\$53,969
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,682,624	\$3,020,841	\$0	\$625,704	\$255,514	\$290,890	\$1,099,217	\$971,207	\$365,282	\$53,969
8	Total Nursing Facility Days	As Filed Days = 51,721										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,450										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.22	\$58.38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21.24	44,450	\$7.06	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21.85	7.18 (FRV)	\$1.04
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alwnc %	\$10.96	\$5.18	\$0.00	\$1.62	\$1.41	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$122.98	\$43.92	\$0.00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5069								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.24	\$66.18	\$0.00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.65	\$1.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.99	\$1.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$167.14	\$70.35	\$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	\$112.53									

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

FINAL

Provider: Resorts at Pooler				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00238741A				Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.2677			1.2677	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 30.5% <td>2.5%</td> <td colspan="3">Quarterly Medicaid CMI: 1.2246</td> <td>1.2246</td> <td>1.4488</td>		2.5%	Quarterly Medicaid CMI: 1.2246			1.2246	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.31 <td>3.0%</td> <td colspan="3">Qtrly Mcaid CMI w RUG Wght Options: 1.2457</td> <td>1.2457</td> <td>1.4737</td>		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2457			1.2457	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2016 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 Adjtsmts	(\$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 16 GL-PL Ins Rpt Days								27,375		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$140.40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15.87	\$8.88	\$14.24	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2677								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.08	\$52.87	\$0.00	\$16.98	\$15.85		\$15.87	\$8.88	7.07 (FRV)	\$1.56
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.58	\$7.07	\$0.00	\$2.27	\$2.12	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.66	\$59.94	\$0.00	\$19.25	\$17.97	\$0.00	\$17.99	\$8.88	\$7.07	\$1.56
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2457								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.39	\$74.67	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.87	\$1.87								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sfing Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.74	\$4.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$170.13	\$79.31	\$0.00	\$19.47	\$18.38	\$0.00	\$35.46	\$8.88	\$7.07	\$1.56
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$114.77									

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

FINAL

<div> <div> Provider: Ridgewood Manor Nursing Home Prvdr ID: 00142744A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.9% Nurse Hours per On-Site Day/Quality Incentive: 2.93 </div> <div> Facility Score: 13.37% Add-on Percent: 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3042 Quarterly Medicaid CMI: 1.1945 Qtrly Mcaid CMI w RUG Wght Options: 1.2097 </div> <div> Facility Specific: 1.3042 1.1945 1.2097 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$21,808)	(\$997)	\$0	(\$2,486)	\$0	\$0	(\$20,811)		(\$487)	\$2,973
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,168,175	\$3,024,955	\$0	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days								36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.53	\$86.94	\$0.00	\$15.85	\$20.20	(with L&H)	\$15.34	\$0.28	\$9.83	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3042								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.66								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.43	\$66.66	\$0.00	\$15.85	\$20.20		\$15.34	\$0.28	8.01 (FRV)	\$0.09
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.78	\$8.91	\$0.00	\$2.12	\$2.70	\$0.00	\$2.05	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$142.21	\$75.57	\$0.00	\$17.97	\$22.90	\$0.00	\$17.39	\$0.28	\$8.01	\$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2097								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.42								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.06	\$91.42	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$23.66	\$5.56	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.72	\$96.98	\$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	\$123.47									

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

FINAL

Provider: River Towne Center		<u>Add-on Data and Percentages</u>				<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00082684A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.4711			1.4711	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 48.6%		48.6%	5.5%	Quarterly Medicaid CMI: 1.6801			1.6801	1.4488
				Nurse Hours per On-Site Day/Quality Incentive: 2.89		2.89	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.7106			1.7106	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311,153	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)		(\$44,706)	\$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787,666	\$421,900	\$488,433	\$1,053,947	\$75,197	\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-PL Ins Rpt Days								34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$114.91	\$61.37	\$0.00	\$13.18	\$15.23	(with L&H)	\$17.64	\$2.18	\$4.46	\$0.85
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4711								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	7.46 (FRV)	\$0.85
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.74	\$5.58	\$0.00	\$1.76	\$2.04	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.00	\$47.30	\$0.00	\$14.94	\$17.27	\$0.00	\$20.00	\$2.18	\$7.46	\$0.85
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7106								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.91								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.61	\$80.91	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.45	\$4.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.62	\$1.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.70	\$6.60	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.31	\$87.51	\$0.00	\$15.16	\$17.68	\$0.00	\$37.47	\$2.18	\$7.46	\$0.85
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.41									

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

FINAL

Provider: Riverdale Place Care and Rehab			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00083289A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5593				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 43.6%	2.5%	Quarterly Medicaid CMI: 1.4681				1.4488	
					3.55	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4938				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,549,117	\$3,503,673	\$0	\$703,323	\$313,173	\$455,189	\$1,705,397	\$77,587	\$790,775	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$576,443)	(\$241,794)	\$0	(\$23,693)	\$15,860	(\$5,010)	(\$342,780)		(\$22,844)	\$43,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,972,674	\$3,261,879	\$0	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587	\$767,931	\$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25.78	\$1.55	\$14.53	\$0.83
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5593</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$39.57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20.56	\$1.55	8.79 (FRV)	\$0.83
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$11.73	\$5.29	\$0.00	\$1.72	\$1.97	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.63	\$44.86	\$0.00	\$14.58	\$16.71	\$0.00	\$23.31	\$1.55	\$8.79	\$0.83
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4938</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$67.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$132.78	\$67.01	\$0.00	\$14.58	\$16.71	\$0.00	\$23.31	\$1.55	\$8.79	\$0.83
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((SInd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.68	\$1.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.01	\$2.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.95	\$4.22	\$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	\$154.73	\$71.23	\$0.00	\$14.80	\$17.12	\$0.00	\$40.41	\$1.55	\$8.79	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$103.22									

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

FINAL

<div> <div> Provider: Riverside Health & Rheab of Thomaston Prvdr ID: 00140346A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 52.3% Nurse Hours per On-Site Day/Quality Incentive: 3.85 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1990 Quarterly Medicaid CMI: 1.5187 Qtrly Mcaid CMI w RUG Wght Options: 1.5456 </div> <div> Facility Specific: 1.1990 1.5187 1.5456 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,768,047	\$1,921,998	\$0	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$18,950)	\$0	\$0	(\$1,632)	\$0	\$0	(\$17,576)		(\$20,760)	\$21,018
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,749,097	\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
8	Total Nursing Facility Days	As Filed Days = 26,092										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,564										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days		26,092							24,564	
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$143.86	\$73.66	\$0.00	\$16.56	\$18.82	(with L&H)	\$21.11	\$2.84	\$10.06	\$0.81
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.1990								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$61.44								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$61.44	\$0.00	\$16.56	\$18.82		\$21.11	\$2.84	\$10.06	\$0.81
14	Base Period Case Mix Adjusted Allowed Per Diem	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	\$130.52	\$61.44	\$0.00	\$16.56	\$18.82		\$20.56	\$2.84	9.49 (FRV)	\$0.81
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$15.69	\$8.21	\$0.00	\$2.21	\$2.52	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.21	\$69.65	\$0.00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.81
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5456								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$184.21	\$107.65	\$0.00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.81
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$5.92	\$5.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$3.23	\$3.23								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.41	\$9.68	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.62	\$117.33	\$0.00	\$18.99	\$21.75	\$0.00	\$40.41	\$2.84	\$9.49	\$0.81
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.89									

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

FINAL

Provider: Riverside Healthcare Center					Facility Score	Add-on Percent				Facility Specific	State-wide
Prvdr ID: 00140324A					Growth Allowance:	N/A	13.37%			1.4742	1.3699
	Case Mix Per Diem Rate Effective Date:	07/01/19			Qtrly BIMS score	32.8%	2.5%			1.3586	1.4488
	MDS & Nurse Hrs Data per Quarter Ending:	03/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.42	2.0%			Qtrly Mcaid CMI w RUG Wght Options:		1.3802	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i

CASE MIX BASED RATE CALCULATIONS

1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY13 C/R	\$8,557,807	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,426,273	\$204,379	\$1,755,821	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7	Cost Center Costs After Audit Adjustments	FY13 Audited C/R	\$8,470,849	\$3,643,664	\$0	\$713,583	\$392,096	\$421,991	\$1,339,315	\$204,379	\$1,687,309	\$68,512
8	Total Nursing Facility Days	As Filed Days = 52,821	FY13 Audited C/R Days	52,821								
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,896	FY 18 GL-PL Ins Rpt Days							52,896		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllQthr = 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 Svcs)	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
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$13.27	\$6.26	\$0.00	\$1.81	\$2.06	\$0.00	\$3.14	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$125.76	\$53.05	\$0.00	\$15.32	\$17.47	\$0.00	\$26.60	\$3.86	\$8.16	\$1.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3802								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllQthr = Ln 16	\$145.93	\$73.22	\$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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.83	\$1.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.46	\$1.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.55	\$3.82	\$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	\$167.48	\$77.04	\$0.00	\$15.54	\$17.88	\$0.00	\$43.70	\$3.86	\$8.16	\$1.30
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.79									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Riverview Health & Rehab Ctr Prvdr ID: 00040741A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: N/A BIMS: 25.4% Nurse Hours per On-Site Day/Quality Incentive: 3.87		Facility Score: N/A BIMS: 25.4% 3.87	Add-on Percent: 13.37% 1.0% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: 1.2970 Quarterly Medicaid CMI: 1.4282 Qrtly Mcaid CMI w RUG Wght Options: 1.4511			Facility Specific: 1.2970 1.4282 1.4511	State-wide: 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 183,420		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								52,177		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit										
	Allowed @ 95% of Std		\$156.48	\$71.51		\$18.41	\$23.09		\$20.56		\$29.14	\$0.4
	Growth Allowance 13.4%		\$16.97	\$67.93		\$17.49	\$21.94		\$19.53		\$29.14	\$0.4
	CMA Allowed Per Diem (After Growth Allowance)		\$176.97	\$9.08		\$2.34	\$2.93		\$2.61			
	Quarterly Facility Case Mix Index for Medicaid Residents			\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.52	\$29.14	\$0.4
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			1.4511							(FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem		\$211.71	\$111.75		\$19.83	\$24.87		\$22.14	\$3.52	\$29.14	\$0.4
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.12	\$1.12								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.35	\$3.35								
	Nursing Home Provider Fee		\$0.00						0.00			
	Total Quarterly Per Diem Add-On Amounts		\$4.47									
	Quarterly Case Mix Based Per Diem Rate		\$216.18	\$116.22		\$19.83	\$24.87		\$22.14	\$3.52	\$29.14	\$0.4
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%	\$162.13										

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

FINAL

Provider: Roberta Health Care		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142777A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4576				1.4576	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.42		Qtrly BIMS score 44.7%	2.5%	Quarterly Medicaid CMI: 1.5914				1.5914	1.4488
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6210				1.6210	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,863,402	\$1,784,247	\$0	\$358,580	\$227,942	\$234,248	\$553,791	\$29,540	\$675,054	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$211,158)	(\$177,791)	\$0	(\$818)	(\$6,713)	\$9,266	(\$26,528)		(\$37,442)	\$28,868
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,652,244	\$1,606,456	\$0	\$357,762	\$221,229	\$243,514	\$527,263	\$29,540	\$637,612	\$28,868
8	Total Nursing Facility Days	As Filed Days = 32,286	32,286									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 29,995								29,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	\$19.75	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16.33	\$0.98	6.87 (FRV)	\$0.89
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.14	\$4.56	\$0.00	\$1.48	\$1.92	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$94.82	\$38.70	\$0.00	\$12.56	\$16.31	\$0.00	\$18.51	\$0.98	\$6.87	\$0.89
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6210								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.85	\$62.73	\$0.00	\$12.56	\$16.31	\$0.00	\$18.51	\$0.98	\$6.87	\$0.89
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Slfng Add-on	\$1.25	\$1.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.45	\$3.35	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$140.30	\$66.08	\$0.00	\$12.78	\$16.72	\$0.00	\$35.98	\$0.98	\$6.87	\$0.89
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.40									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

<div> <div> Provider: Rockdale Healthcare Prvdr ID: 00838252A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 34.8% Nurse Hours per On-Site Day/Quality Incentive: 3.92 </div> <div> Facility Score: 13.37% Add-on Percent: 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.6517 Quarterly Medicaid CMI: 1.5653 Qtrly Mcaid CMI w RUG Wght Options: 1.5950 </div> <div> Facility Specific 1.6517 1.5653 1.5950 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,390										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								33,390		
		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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$48.70	\$0.00	\$14.98	\$18.24		\$36.85	\$3.85	\$48.27	\$3.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.98	\$48.70	\$0.00	\$14.98	\$18.24		\$20.56	\$3.85	14.00 (FRV)	\$3.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$13.70	\$6.51	\$0.00	\$2.00	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.68	\$55.21	\$0.00	\$16.98	\$20.68	\$0.00	\$23.31	\$3.85	\$14.00	\$3.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5950</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.53	\$88.06	\$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 - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.22	\$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	\$192.75	\$92.55	\$0.00	\$17.20	\$21.09	\$0.00	\$40.41	\$3.85	\$14.00	\$3.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.74									

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

FINAL

Provider: Rome Health and Rehab			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140753A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A			Base Period Overall CMI: 1.6744			1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.59			Qtrly BIMS score: 28.3%			Quarterly Medicaid CMI: 1.6024			1.4488
						3.0%			Qtrly Mcaid CMI w RUG Wght Options: 1.6304			1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 Svcs	Ln 7 / Ln 8 Col a	\$143.78	\$82.25	\$0.00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents from 4 qtrs of FY12			<u>1.6744</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0.00	\$15.12	\$14.06		\$20.56	\$0.09	14.64 (FRV)	\$1.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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			<u>1.6304</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.05	\$90.80	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$184.94	\$94.96	\$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	\$125.88									

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

FINAL

Provider: Rose City Health and Rehab Ctr Prvdr ID: 00083311A		Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.6% Nurse Hours per On-Site Day/Quality Incentive: 3.23		Facility Score 13.37% 2.5% 3.0%	Add-on Percent		Case Mix Index (CMI) Data Base Period Overall CMI: 1.5200 Quarterly Medicaid CMI: 1.6701 Qtrly Mcaid CMI w RUG Wght Options: 1.6991		Facility Specific 1.5200 1.6701 1.6991	State-wide 1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,126,174	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$657,966	\$2,601	\$154,582	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8	Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 23,503 As Filed Days = 23,180										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	23,503							23,180		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$132.11	\$69.49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1.19
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14 (FRV)	\$1.19
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Althwnc %	\$12.72	\$6.11	\$0.00	\$2.17	\$1.69	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.28	\$51.83	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0.11	\$10.14	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6991								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.51	\$88.06	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0.11	\$10.14	\$1.19
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Atwcl) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stng 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	\$23.10	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.61	\$93.43	\$0.00	\$18.60	\$14.73	\$0.00	\$40.41	\$0.11	\$10.14	\$1.19
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.13									

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

FINAL

Provider: Roselane 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: 00831751A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.5874			1.5874	1.3617
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 26.1%		26.1%	1.0%	Quarterly Medicaid CMI: 1.5205			1.5205	1.4488
				Nurse Hours per On-Site Day/Quality Incentive: 3.53		3.53	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5467			1.5467	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5874								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$63.04	\$0.00	\$17.26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.79	\$63.04	\$0.00	\$17.26	\$16.73		\$20.56	\$0.07	14.80 (FRV)	\$2.33
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.73	\$8.43	\$0.00	\$2.31	\$2.24	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$150.52	\$71.47	\$0.00	\$19.57	\$18.97	\$0.00	\$23.31	\$0.07	\$14.80	\$2.33
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5467								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.59	\$110.54	\$0.00	\$19.57	\$18.97	\$0.00	\$23.31	\$0.07	\$14.80	\$2.33
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.32	\$3.32								
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	\$22.69	\$4.96	\$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	\$212.28	\$115.50	\$0.00	\$19.79	\$19.38	\$0.00	\$40.41	\$0.07	\$14.80	\$2.33
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.39									

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

FINAL

Provider: Rosemont at Stone Mountain		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00587331A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2404				1.2404	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.27		Qtrly BIMS score: 41.9%	2.5%	Quarterly Medicaid CMI: 1.4601				1.4601	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4939				1.4939	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$231,415)	\$811	\$0	\$1,600	\$0	\$204	(\$239,816)		(\$128,317)	\$134,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762	\$876,100	\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days	As Filed Days = 50,566	50,566									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 49,615								49,615		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2404</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06 (FRV)	\$2.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 Medicaid Residents	per Current Qtr End		<u>1.4939</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.44	\$97.51	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$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	\$195.44	\$103.41	\$0.00	\$16.81	\$20.11	\$0.00	\$37.12	\$3.28	\$12.06	\$2.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.76									

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

FINAL

Provider: Ross Memorial Health Care Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142942A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.2961			1.2961	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 4.67		Qtrly BIMS score: 41.7%		41.7%	2.5%	Quarterly Medicaid CMI: 1.3458			1.3458	1.4488
				Nurse Hours per On-Site Day/Quality Incentive: 4.67		4.67	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3658			1.3658	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,989	\$2,812,004	\$0	\$651,994	\$351,015	\$344,862	\$738,325	\$64,497	\$312,292	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,149)	(\$275)	\$0	\$8,437	\$26,924	(\$16,281)	(\$167,136)		(\$56,986)	\$70,168
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,139,840	\$2,811,729	\$0	\$660,431	\$377,939	\$328,581	\$571,189	\$64,497	\$255,306	\$70,168
8	Total Nursing Facility Days As Filed Days = 32,995	FY12 Audited C/R Days	32,995									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$155.94	\$85.22	\$0.00	\$20.02	\$21.41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2961								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$65.75	\$0.00	\$20.02	\$21.41		\$17.31	\$2.11	\$7.74	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.74	\$65.75	\$0.00	\$18.41	\$21.41		\$17.31	\$2.11	12.62 (FRV)	\$2.13
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.42	\$8.79	\$0.00	\$2.46	\$2.86	\$0.00	\$2.31	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.16	\$74.54	\$0.00	\$20.87	\$24.27	\$0.00	\$19.62	\$2.11	\$12.62	\$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3658								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.43	\$101.81	\$0.00	\$20.87	\$24.27	\$0.00	\$19.62	\$2.11	\$12.62	\$2.13
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.05	\$3.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.01	\$6.13	\$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	\$207.44	\$107.94	\$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	\$142.76									

FINAL

[illegible]

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadie G. Mays Health & Rehab Center Prvdr ID: 00141842A H/B ? : No				<u>Add-on Data and Percentages</u> Growth Allowance: BIMS: Nurse Hours per On-Site Day/Quality Incentive:		Facility Score N/A 45.3% 3.07	Add-on Percent 13.37% 5.5% 3.0%	<u>Case Mix Index (CMI) Data</u> Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific 1.3125 1.3257 1.3467	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$188,573.00		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								65,261		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$38.01	\$0.54
	Allowed @ 90% of Std		\$158.76	\$64.36		\$16.57	\$20.78		\$18.50		\$38.01	\$0.54
	Growth Allowance 13.37%		\$16.07	\$8.60		\$2.22	\$2.78		\$2.47			
	CMA Allowed Per Diem (After Growth Allowance)		\$150.55	\$72.96		\$18.79	\$23.56		\$20.97	\$ 2.89	10.84	\$0.54
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3467							(FRV Rate)	
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$98.26								
	Quarterly Medicaid CMA Allowed Per Diem		\$175.85	\$98.26		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 5.5% to Routine Svcs)		\$5.40	\$5.40								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.95	\$2.95								
	Nursing Home Provider Fee		\$0.00						0			
	Total Quarterly Per Diem Add-On Amounts		\$8.35									
	Quarterly Case Mix Based Per Diem Rate		\$184.20	\$106.61		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%	\$138.15										

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

FINAL

Provider: Savannah Beach Nursing & Rehab Center			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142876A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.1996			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score 52.5%	5.5%	Quarterly Medicaid CMI: 1.2055			1.4488	
						3.40	2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2246			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	\$2.28	\$19.35	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1996								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	\$19.35	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.52	\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	9.49 (FRV)	\$0.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.84	\$8.20	\$0.00	\$2.02	\$2.24	\$0.00	\$2.38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.36	\$69.55	\$0.00	\$17.12	\$19.00	\$0.00	\$20.18	\$2.28	\$9.49	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2246								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.17								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.98	\$85.17	\$0.00	\$17.12	\$19.00	\$0.00	\$20.18	\$2.28	\$9.49	\$0.74
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$4.68	\$4.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	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	\$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	\$178.99	\$92.08	\$0.00	\$17.34	\$19.41	\$0.00	\$37.65	\$2.28	\$9.49	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.42									

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

FINAL

Provider: Scepter Health & Rehab				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00169199A				Growth Allowance: N/A		13.37%		Base Period Overall CMI: 1.3690			1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score: 35.1%		2.5%		Quarterly Medicaid CMI: 1.4819			1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.62		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5062			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstnts	(\$289,144)	(\$2,722)	\$0	\$0	\$2,545	\$2,104	(\$294,492)		(\$107,490)	\$110,911
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,272,020	\$4,546,094	\$0	\$1,020,738	\$616,010	\$509,387	\$1,731,107	\$20,313	\$717,460	\$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rpt Days								55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.3690</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.36								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.36	\$0.00	\$17.94	\$19.78		\$30.42	\$0.37	\$12.61	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20.56	\$0.37	10.09 (FRV)	\$1.95
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.59	\$7.80	\$0.00	\$2.40	\$2.64	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$144.64	\$66.16	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10.09	\$1.95
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5062</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.13	\$99.65	\$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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.99	\$2.99								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.74	\$6.01	\$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	\$201.87	\$105.66	\$0.00	\$20.56	\$22.83	\$0.00	\$40.41	\$0.37	\$10.09	\$1.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.58									

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

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Provider: Scott Health & Rehabilitation		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00141644A		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI:				1.3422	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019		Qtrly BIMS score: 35.0%		35.0%	2.5%	Quarterly Medicaid CMI:				1.3474	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.69		3.69	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.3703	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,880										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3.44	\$4.25	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3422								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43 (FRV)	\$0.68
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.43	\$7.40	\$0.00	\$2.05	\$2.39	\$0.00	\$2.59	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.89	\$62.73	\$0.00	\$17.38	\$20.30	\$0.00	\$21.93	\$3.44	\$9.43	\$0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3703								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.12	\$85.96	\$0.00	\$17.38	\$20.30	\$0.00	\$21.93	\$3.44	\$9.43	\$0.68
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Actwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.58	\$2.58								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.36	\$5.26	\$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	\$182.48	\$91.22	\$0.00	\$17.60	\$20.71	\$0.00	\$39.40	\$3.44	\$9.43	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$124.04									

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

FINAL

<div> <div> Provider: Sears Manor Prvdr ID: 00142898A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.9% Nurse Hours per On-Site Day/Quality Incentive: 4.18 </div> <div> Facility Score Add-on Percent: 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2990 Quarterly Medicaid CMI: 1.5383 Qtrly Mcaid CMI w RUG Wght Options: 1.5655 </div> <div> Facility Specific 1.2990 1.5383 1.5655 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,058,947	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	(\$74,471)		(\$25,030)	\$24,906
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8	Total Nursing Facility Days	As Filed Days = 28,225										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,219										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days										
		FY 18 GL-PL Ins Rpt Days								27,219		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$141.23	\$75.43	\$0.00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.2990								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$58.07								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
		Lesser of Ln 12 or Ln 13	\$122.98	\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88 (FRV)	\$0.88
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.72	\$7.76	\$0.00	\$2.14	\$2.45	\$0.00	\$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.70	\$65.83	\$0.00	\$18.13	\$20.77	\$0.00	\$20.06	\$2.15	\$9.88	\$0.88
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5655								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.93	\$103.06	\$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 ((Snd - Awd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.03	\$1.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.72	\$3.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$196.65	\$106.68	\$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	\$134.66									

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

FINAL

Provider: Seminole Manor Nursing Home			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142909A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2760			1.2760	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.88			Qtrly BIMS score 30.6%	2.5%	Quarterly Medicaid CMI: 1.1527			1.1527	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1658			1.1658	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,031,689	\$1,865,825	\$0	\$821,360	\$355,581	\$248,370	\$553,082	\$5,671	\$181,800	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,607)	(\$2,651)	\$0	\$0	(\$6,540)	(\$4,569)	(\$46,503)		(\$15,449)	\$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$180.99	\$84.98	\$0.00	\$37.46	\$27.04	(with L&H)	\$23.10	\$0.27	\$7.59	\$0.55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2760								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23.10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29.15	\$23.09		\$20.56	\$0.27	9.04 (FRV)	\$0.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.64	\$8.90	\$0.00	\$3.90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.90	\$75.50	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.27	\$9.04	\$0.55
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1658								
18	Qtrly Routine Svcs 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	\$180.42	\$88.02	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.27	\$9.04	\$0.55
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$22.47	\$5.37	\$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	\$202.89	\$93.39	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.27	\$9.04	\$0.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.34									

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

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Provider: Senior Care Ctr.-Brunswick		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 000830827B		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	Qtrly BIMS score 20.6%	13.37%	Base Period Overall CMI: 1.2904				1.2904	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.63	3.0%	Quarterly Medicaid CMI: 1.2891				1.2891	1.4488			
				Qtrlyr Mcaid CMI w RUG Wght Options: 1.3091				1.3091	1.4737			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43		\$20.56	\$3.80	16.57 (FRV)	\$2.31
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.72	\$9.56	\$0.00	\$2.41	\$3.00	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.95	\$81.07	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3091								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.01	\$106.13	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Abwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.87	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.88	\$110.37	\$0.00	\$20.68	\$25.84	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.16									

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

FINAL

Provider: Senior Care Ctr.-Brunswick				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 000830827B				Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2904			1.2904	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score: 20.6%	1.0%	Quarterly Medicaid CMI: 1.2891			1.2891	1.4488
							3.63	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3091	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmts	(\$368,101)	\$800,812	\$0	(\$1,205)	\$108,294	\$33,976	(\$1,467,220)		\$20,220	\$137,022	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	\$1,071,367	\$792,206	\$538,722	\$2,295,688	\$229,360	\$741,564	\$137,022	
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3.80	\$12.50	\$2.31	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2904									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0.00	\$18.05	\$22.43		\$20.56	\$3.80	16.57 (FRV)	\$2.31	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.72	\$9.56	\$0.00	\$2.41	\$3.00	\$0.00	\$2.75	N/A	N/A	N/A	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$172.95	\$81.07	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3091									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.13									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.01	\$106.13	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31	
Quarterly Per Diem Add-on Amounts													
20	Efficiency Add-on Per Diem ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.06	\$1.06									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.18	\$3.18									
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00				
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$4.87	\$4.24	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.88	\$110.37	\$0.00	\$20.68	\$25.84	\$0.00	\$23.31	\$3.80	\$16.57	\$2.31	
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$152.16										

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

FINAL

Provider: Senior Care Ctr.- St. Marys		<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State-wide	
Prvdr ID: 00143129A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2093				1.2093	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.97		Qtrly BIMS score: 38.3%	2.5%	Quarterly Medicaid CMI: 1.2423				1.2423	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2608				1.2608	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594	\$2,116,099	\$0	\$387,751	\$399,462	\$225,826	\$549,708	\$121,553	\$298,195	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2093</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$17.79	\$9.56	\$0.00	\$2.39	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.55	\$81.07	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2608</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.69	\$102.21	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Stnd - Atwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.07	\$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	\$22.95	\$5.63	\$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	\$211.64	\$107.84	\$0.00	\$20.52	\$26.18	\$0.00	\$40.41	\$5.11	\$10.41	\$1.17
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.91									

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

FINAL

Provider: Signature HC of Buckhead		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00040763A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5246				1.5246	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.62		Qtrly BIMS score 42.3%	2.5%	Quarterly Medicaid CMI: 1.6072				1.6072	1.4488	
					3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6344				1.6344	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$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 GL-PL Ins. Rpt As Filed Days = 48,002	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	54,878							48,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$204.17	\$96.12	\$0.00	\$16.68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5246</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13 (FRV)	\$4.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$16.03	\$8.43	\$0.00	\$2.23	\$2.62	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.45	\$71.48	\$0.00	\$18.91	\$22.19	\$0.00	\$23.31	\$9.07	\$10.13	\$4.36
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6344</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.80	\$116.83	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.92	\$2.92								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.50	\$3.50								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.68	\$6.95	\$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	\$229.48	\$123.78	\$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	\$159.29									

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

FINAL

Provider: Signature HC - Marietta		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142986A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	Qtrly BIMS score: 21.1%	13.37%	Base Period Overall CMI: 1.4557				1.4557	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6948				1.6664	1.4488	1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4557</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35.47	\$1.99	\$24.77	\$2.05
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.10	\$66.09	\$0.00	\$18.41	\$18.64		\$20.56	\$1.99	12.36 (FRV)	\$2.05
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6948</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.70	\$126.99	\$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 ((Stand - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.81	\$3.81								
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	\$23.12	\$5.61	\$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	\$231.82	\$132.60	\$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	\$161.04									

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

FINAL

<div> <div> Provider: Signature Healthcare of Savannah Prvdr ID: 00083157A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 25.0% Nurse Hours per On-Site Day/Quality Incentive: 2.31 </div> <div> Facility Score N/A 2.31 </div> <div> Add-on Percent 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.6565 Quarterly Medicaid CMI: 1.6048 Qtrly Mcaid CMI w RUG Wght Options: 1.6324 </div> <div> Facility Specific 1.6565 1.6048 1.6324 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,163,426	\$3,322,791	\$0	\$575,380	\$227,959	\$317,863	\$1,538,244	\$35,183	\$146,006	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$481,576)	(\$6,386)	\$0	\$1,029	\$851	\$2,096	(\$481,229)		(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$142.80	\$83.33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26.56	\$0.92	\$2.47	\$1.25
11	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		1.6565								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79		\$26.56	\$0.92	\$2.47	\$1.25
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
15	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.56	\$50.31	\$0.00	\$14.48	\$13.79		\$20.56	\$0.92	10.25 (FRV)	\$1.25
Quarterly Per Diem Rate Prior to Add-ons												
16	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
17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6324								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.11								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.89	\$93.11	\$0.00	\$16.42	\$15.63	\$0.00	\$23.31	\$0.92	\$10.25	\$1.25
Quarterly Per Diem Add-on Amounts												
21	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	\$0.00		\$0.00	
22	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.93	\$0.93								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1.86								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.05	\$3.32	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.94	\$96.43	\$0.00	\$16.64	\$16.04	\$0.00	\$40.41	\$0.92	\$10.25	\$1.25
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.63									

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

FINAL

<div> <div> Provider: Smith Medical Nursing Care Center Prvdr ID: 00143008A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 27.7% Nurse Hours per On-Site Day/Quality Incentive: 2.15 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 0.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 0.9535 Quarterly Medicaid CMI: 0.9930 Qtrly Mcaid CMI w RUG Wght Options: 1.0040 </div> <div> Facility Specific: 0.9535 State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,363,450	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	\$50,009	\$31,283	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$25,559)	\$0	\$0	\$0	\$0	(\$235)	(\$24,756)		(\$15,417)	\$14,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,337,891	\$642,300	\$0	\$167,569	\$80,015	\$112,423	\$254,860	\$50,009	\$15,866	\$14,849
8	Total Nursing Facility Days As Filed Days = 16,988	FY12 Audited C/R Days	16,988									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,789	FY 18 GL-PL Ins Rpt Days								17,789		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		<u>0.9535</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.65								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$89.70	\$39.65	\$0.00	\$9.86	\$11.33		\$15.00	\$2.81	10.18 (FRV)	\$0.87
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.14	\$5.30	\$0.00	\$1.32	\$1.51	\$0.00	\$2.01	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.84	\$44.95	\$0.00	\$11.18	\$12.84	\$0.00	\$17.01	\$2.81	\$10.18	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.0040</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$45.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$100.02	\$45.13	\$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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.45	\$0.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$19.08	\$0.98	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$119.10	\$46.11	\$0.00	\$11.40	\$13.25	\$0.00	\$34.48	\$2.81	\$10.18	\$0.87
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$76.50									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Social Circle Nursing and Rehab Center			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143041A			Growth Allowance: N/A	37.2%	13.37%	Base Period Overall CMI: 1.5267				1.5267	1.4014
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 3.36	2.5%	3.0%	Quarterly Medicaid CMI: 1.5782				1.5782	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.36			Qtrly Mcaid CMI w RUG Wght Options: 1.6074				1.6074	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,096,935	\$1,142,250	\$0	\$193,444	\$77,117	\$92,978	\$402,365	\$0	\$188,781	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmnts	(\$19,636)	\$0	\$0	\$0	\$1,205	\$1,454	(\$25,247)		(\$4,809)	\$7,761
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$2,077,299	\$1,142,250	\$0	\$193,444	\$78,322	\$94,432	\$377,118	\$0	\$183,972	\$7,761
8	Total Nursing Facility Days As Filed Days = 10,450	FY14 Audited C/R Days	10,450									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,602	FY 18 GL-PL Ins Rpt Days								21,602		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$198.78	\$109.31	\$0.00	\$18.51	\$16.53	(with L&H)	\$36.09	\$0.00	\$17.60	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5267								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.60								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$71.60	\$0.00	\$18.51	\$16.53		\$36.09	\$0.00	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$140.79	\$71.60	\$0.00	\$18.51	\$16.53		\$24.02	\$0.00	9.39 (FRV)	\$0.74
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.46	\$9.57	\$0.00	\$2.47	\$2.21	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.25	\$81.17	\$0.00	\$20.98	\$18.74	\$0.00	\$27.23	\$0.00	\$9.39	\$0.74
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6074								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$130.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.55	\$130.47	\$0.00	\$20.98	\$18.74	\$0.00	\$27.23	\$0.00	\$9.39	\$0.74
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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.26	\$3.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.43	\$7.70	\$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	\$232.98	\$138.17	\$0.00	\$21.20	\$19.15	\$0.00	\$44.33	\$0.00	\$9.39	\$0.74
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.91									

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

FINAL

Provider: Southland Nursing Home		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00409054A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:				1.4974	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	40.4%	2.5%	Quarterly Medicaid CMI:				1.7002	1.4488
					4.09	3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.7295	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$181.22	\$95.32	\$0.00	\$16.92	\$19.01	(with L&H)	\$21.13	\$2.98	\$24.21	\$1.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4974								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.66								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.48	\$63.66	\$0.00	\$16.92	\$19.01		\$20.56	\$2.98	13.70 (FRV)	\$1.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.06	\$8.51	\$0.00	\$2.26	\$2.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$154.54	\$72.17	\$0.00	\$19.18	\$21.55	\$0.00	\$23.31	\$2.98	\$13.70	\$1.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7295								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.19	\$124.82	\$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 ((SInd - Alhwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.12	\$3.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.74	\$3.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.12	\$7.39	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.31	\$132.21	\$0.00	\$19.40	\$21.96	\$0.00	\$40.41	\$2.98	\$13.70	\$1.65
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.41									

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

FINAL

<div> <div> Provider: Southland Healthcare & Rehab Ctr. Prvdr ID: 00143558A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 35.2% Nurse Hours per On-Site Day/Quality Incentive: 2.56 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5242 Quarterly Medicaid CMI: 1.4819 Qtrly Mcaid CMI w RUG Wght Options: 1.5069 </div> <div> Facility Specific 1.5242 1.4819 1.5069 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	Ln 7 / Ln 8 Col a	\$130.62	\$63.63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15.60	\$1.47	\$18.75	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5242</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	7.96 (FRV)	\$0.91
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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		<u>1.5069</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$133.65	\$71.32	\$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 ((Std - Akrw) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.78	\$1.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.43	\$1.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.84	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$155.49	\$75.06	\$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	\$103.79									

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

FINAL

Provider: Sparta Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143063A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	26.2%	13.37%	Base Period Overall CMI: 1.0832				1.0832	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.14	Qtrly BIMS score: 1.0%	3.0%	Quarterly Medicaid CMI: 1.1715				1.1715	1.4488		
					Qtrly Mcaid CMI w RUG Wght Options: 1.1868				1.1868	1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,180,795	\$1,640,812	\$0	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$39,489)	(\$22,810)	\$0	\$0	\$0	\$0	(\$16,679)		(\$16,933)	\$16,933
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,141,306	\$1,618,002	\$0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	25,400									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days								25,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$123.66	\$63.70	\$0.00	\$14.24	\$15.83	(with L&H)	\$15.13	\$3.05	\$11.04	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0832								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.08	\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	8.35 (FRV)	\$0.67
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.90	\$7.86	\$0.00	\$1.90	\$2.12	\$0.00	\$2.02	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.98	\$66.67	\$0.00	\$16.14	\$17.95	\$0.00	\$17.15	\$3.05	\$8.35	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1868								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.43	\$79.12	\$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 ([Std - 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 = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$164.22	\$82.81	\$0.00	\$16.36	\$18.36	\$0.00	\$34.62	\$3.05	\$8.35	\$0.67
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$110.34									

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

FINAL

Provider: St. Joseph's Transitional Care Unit			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00851243A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 2.4830				2.4830	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 7.37		Qtrly BIMS score: 0.0%	0.0%	Quarterly Medicaid CMI: 1.4488				1.4488	1.4488
						0.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4737				1.4737	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Adjstmnts	(\$9,363)	\$0	\$0	\$0	\$0	\$0	(\$9,363)		(\$3,884)	\$3,884
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,227,914	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$296,869	\$6,699	\$167,039	\$3,884
8	Total Nursing Facility Days As Filed Days = 3,195	FY12 Audited C/R Days	3,195									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 3,180	FY 18 GL-PL Ins Rpt Days								3,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>2.4830</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.92	\$69.52	\$0.00	\$19.97	\$23.09		\$20.56	\$2.11	15.45 (FRV)	\$1.22
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4737</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$116.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$207.05	\$116.14	\$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 = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>0.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.85	\$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	\$224.90	\$116.67	\$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	\$155.85									

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

FINAL

Provider: Stevens Park		Add-on Data and Percentages				Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 03143404A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A		Qtrly BIMS score: 13.0%		Base Period Overall CMI: 1.6519		Quarterly Medicaid CMI: 1.3835		1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.74		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4081		1.4488		1.4737		

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,779								15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.6519								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20.84		\$32.12	\$3.02	\$27.95	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$162.67	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	27.87 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.48	\$9.48	\$0.00	\$2.46	\$2.79	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$180.15	\$80.39	\$0.00	\$20.87	\$23.63	\$0.00	\$23.31	\$3.02	\$27.87	\$1.06
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4081								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.96	\$113.20	\$0.00	\$20.87	\$23.63	\$0.00	\$23.31	\$3.02	\$27.87	\$1.06
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.86	\$0.45	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.26	\$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	\$20.22	\$2.71	\$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	\$233.18	\$115.91	\$0.00	\$20.87	\$24.04	\$0.00	\$40.41	\$3.02	\$27.87	\$1.06
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$162.06									

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

FINAL

Provider: Summerhill Elderliving Home			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142139A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.3692			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.98			Qtrly BIMS score 36.6%	2.5%	Quarterly Medicaid CMI: 1.5410			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5689			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$90,357)	(\$80,228)	\$0	\$0	(\$159)	\$73,654	(\$76,632)		(\$59,884)	\$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days								57,192		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17.54	\$2.12	\$6.67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3692								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19.58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58.34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.46	\$7.80	\$0.00	\$2.46	\$2.85	\$0.00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.96	\$66.14	\$0.00	\$20.87	\$24.15	\$0.00	\$19.89	\$2.12	\$13.83	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5689								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$103.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.59	\$103.77	\$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 ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.11	\$6.23	\$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	\$209.70	\$110.00	\$0.00	\$20.87	\$24.56	\$0.00	\$37.36	\$2.12	\$13.83	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.45									

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

FINAL

Provider: Syl-View Health Care Center, Inc.		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Pvdr ID: 00040796A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	13.37%		Base Period Overall CMI: 1.1798				1.3617		
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 36.9%	Qtrly BIMS score: 3.27	2.5%		Quarterly Medicaid CMI: 1.4605				1.4488		
				3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4878				1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.1798								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	\$7.96	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101.78	\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	7.89 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.04	\$6.68	\$0.00	\$1.94	\$2.05	\$0.00	\$1.37	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$113.82	\$56.64	\$0.00	\$16.44	\$17.40	\$0.00	\$11.65	\$3.15	\$7.89	\$0.65
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4878								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.45	\$84.27	\$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 ([Stand - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$164.72	\$89.44	\$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	\$110.72									

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

FINAL

Provider: Tara at Thunderbolt Nursing & Rehab Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00727801A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.5802				1.5802	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score 34.4%	2.5%	Quarterly Medicaid CMI: 1.5017				1.5017	1.4488
					3.34	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5273				1.5273	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$803,200)	(\$251,995)	\$0	(\$5,485)	(\$2,580)	\$724	(\$631,432)		(\$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									
	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 Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5802								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$2.27
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.83	\$6.04	\$0.00	\$1.88	\$2.16	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.84	\$51.22	\$0.00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5273								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 15 x Ln 17		\$78.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.85	\$78.23	\$0.00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng 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	\$22.57	\$4.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.42	\$83.07	\$0.00	\$16.16	\$18.73	\$0.00	\$40.41	\$3.79	\$17.99	\$2.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$123.99									

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

FINAL

Provider: Tattnall Nursing, LLC	<u>Add-on Data and Percentages</u>				Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>				Facility Specific	State- wide
Pvdr ID: 00143228A	Growth Allowance: N/A				13.37%		Base Period Overall CMI:				1.1942	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019	Qtrly BIMS score: 32.4%				2.5%		Quarterly Medicaid CMI:				1.2623	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19	Nurse Hours per On-Site Day/Quality Incentive: 2.69				3.0%		Qtrly Mcaid CMI w RUG Wght Options:				1.2837	1.4737

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G- GL-PL Insurance g	Property and Related h	Taxes and Insurance i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	30,506									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 27,626								27,626		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1942</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.2837</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$58.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$114.37	\$58.56	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6.65	\$0.65
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.76	\$1.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.85	\$3.75	\$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	\$136.22	\$62.31	\$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	\$89.34									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

<div> <div> Provider: Taylor County Health Care Prvdr ID: 00432924A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.4% Nurse Hours per On-Site Day/Quality Incentive: 3.53 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2388 Quarterly Medicaid CMI: 1.5134 Qtrly Mcaid CMI w RUG Wght Options: 1.5385 </div> <div> Facility Specific 1.2388 1.5134 1.5385 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,368)	\$0	\$0	(\$1,391)	\$0	(\$221)	(\$14,826)		(\$35,439)	\$36,509
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,217,556	\$1,656,948	\$0	\$351,434	\$156,924	\$213,567	\$431,754	\$74,726	\$295,694	\$36,509
8	Total Nursing Facility Days	As Filed Days = 23,918										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 26,022										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.2388								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.53
Quarterly Per Diem Rate Prior to Add-ons												
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5385								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.57	\$97.54	\$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 - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2.44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.00	\$5.90	\$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	\$191.57	\$103.44	\$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	(Ln 25 - Ln 23) * 0.75	\$130.85									

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

FINAL

<div> <div> Provider: The Center for Advanced Rehab @ Parkside Prvdr ID: 00083102A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 20.2% Nurse Hours per On-Site Day/Quality Incentive: 2.75 </div> <div> Facility Score: 13.37% Add-on Percent: 1.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2877 Quarterly Medicaid CMI: 1.7676 Qtrly Mcaid CMI w RUG Wght Options: 1.8019 </div> <div> Facility Specific 1.2877 1.7676 1.8019 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 <i>As Filed Days = 34,873</i>	FY12 Audited C/R Days	35,236									
9	Total Nursing Facility Days GL-PL Ins. Rpt <i>As Filed Days = 43,354</i>	FY 18 GL-PL Ins Rpt Days								43,354		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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
11	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2877</u>								
12	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.64								
13	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$73.64	\$0.00	\$11.23	\$20.95		\$29.83	\$3.42	\$27.73	\$0.08
14	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
15	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 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
16	Growth Allowance Percentage = <u>13.37%</u>	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
17	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
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.8019</u>								
19	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$146.08								
20	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$223.61	\$146.08	\$0.00	\$12.73	\$23.75	\$0.00	\$23.31	\$3.42	\$14.24	\$0.08
Quarterly Per Diem Add-on Amounts												
21	Efficiency Add-on Per Diem ([Std - Acted] 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	
22	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46								
23	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.38	\$4.38								
24	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
25	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.57	\$5.84	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.18	\$151.92	\$0.00	\$12.95	\$24.16	\$0.00	\$40.41	\$3.42	\$14.24	\$0.08
27	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.56									

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

FINAL

<div> <div> Provider: The Fountainview Ctr for Alzheimer's Disease Prvdr ID: 00421429A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 91.8% Nurse Hours per On-Site Day/Quality Incentive: 4.05 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2118 Quarterly Medicaid CMI: 1.5075 Qtrly Mcaid CMI w RUG Wght Options: 1.5306 </div> <div> Facility Specific: 1.2118 1.5075 1.5306 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,106)	(\$27,150)	\$0	\$13,302	\$0	\$0	(\$101,258)		(\$167,822)	\$167,822
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	\$167,822
8	Total Nursing Facility Days	As Filed Days = 40,759										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 42,441										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2118								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0.00	\$23.10	\$21.89		\$30.19	\$3.30	\$13.00	\$4.12
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$4.12
Quarterly Per Diem Rate Prior to Add-ons												
15	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	\$4.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5306								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$119.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.99	\$119.54	\$0.00	\$20.87	\$24.82	\$0.00	\$23.31	\$3.30	\$14.03	\$4.12
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$6.57	\$6.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stng 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	\$28.20	\$10.69	\$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	\$238.19	\$130.23	\$0.00	\$20.87	\$25.23	\$0.00	\$40.41	\$3.30	\$14.03	\$4.12
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$165.82									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: The Lodge Prvdr ID: 00142381A H/B ? : No			Case Mix Per Diem Rate Effective Date: 07/01/19 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Add-on Data and Percentages Growth Allowance: N/A BIMS: 42.5% Nurse Hours per On-Site Day/Quality Incentive: 4.41			Facility Score Add-on Percent 13.37% 2.5% 3.0%			Case Mix Index (CMI) Data Base Period Overall CMI: 1.4841 Quarterly Medicaid CMI: 1.6184 Qtrly Mcaid CMI w RUG Wght Options: 1.6499			Facility Specific State-wide 1.3617 1.4283 1.4526	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance				
			a	b	c	d	e	f	g		h	i				
CASE MIX BASED RATE CALCULATIONS																
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1							
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities							
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes							
	Peer Group Standards & Efficiency Measure Limits															
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%							
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%							
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37							
	Per Diem Costs and Add-ons															
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 87,427						
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								42,182						
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$33.65	\$0.00				
	Allowed @ 95% of Std		\$160.54	\$67.93		\$17.49	\$21.94		\$19.53		\$33.65	\$0.00				
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61							
	CMA Allowed Per Diem (After Growth Allowance)		\$179.58	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.07	\$33.65	\$0.00				
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6499							(FRV Rate)					
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$127.06												
	Quarterly Medicaid CMA Allowed Per Diem		\$229.63	\$127.06		\$19.83	\$24.87		\$22.14	\$2.07	\$33.65	\$0.00				
	Quarterly Per Diem Add-On Amounts															
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$3.18	\$3.18												
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.81	\$3.81												
	Nursing Home Provider Fee		\$17.10						17.10							
	Total Quarterly Per Diem Add-On Amounts		\$24.09													
	Quarterly Case Mix Based Per Diem Rate		\$253.71	\$134.05		\$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%	\$177.46														

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

FINAL

Provider: The Oaks - Bethany (Vidalia)		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00140258A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	Qtrly BIMS score 45.7%	13.37%	Base Period Overall CMI: 1.4603				1.4603	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.28		5.5%		Quarterly Medicaid CMI: 1.4933				1.4933	1.4488	
				3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5210				1.5210	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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	59,128									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 56,582								56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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		1.4603								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.64								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$14.14	\$7.31	\$0.00	\$1.97	\$2.70	\$0.00	\$2.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.65	\$61.95	\$0.00	\$16.69	\$22.86	\$0.00	\$18.30	\$7.14	\$13.19	\$0.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5210								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.93	\$94.23	\$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 ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.18	\$5.18								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$26.64	\$8.54	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.57	\$102.77	\$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	\$136.85									

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

FINAL

Provider: The Oaks at Limestone, LLC		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data					Facility Specific	State-wide
Prvdr ID: 00141743A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:	N/A	Base Period Overall CMI:					1.5724	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score	41.2%	Quarterly Medicaid CMI:					1.4359	1.4488
					4.02	Qtrly Mcaid CMI w RUG Wght Options:					1.4605	1.4737
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%			50.0%		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%			105.0%		
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41			\$0.37		
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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 Svcs	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		1.5724								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$153.24	\$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		1.4605								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$204.16	\$108.47	\$0.00	\$17.98	\$26.18	\$0.00	\$23.31	\$7.17	\$17.53	\$3.52
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.71	\$2.71								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.25	\$3.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$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	\$227.97	\$114.96	\$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	\$158.15									

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

FINAL

Provider: The Oaks at Scenic View		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00178307A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	23.3%	13.37%	Base Period Overall CMI: 1.5260				1.5260	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.81	Qtrly BIMS score: 1.0%	3.0%	Quarterly Medicaid CMI: 1.6982				1.6982	1.4488		
					Qtrlyr Mcaid CMI w RUG Wght Options: 1.7311				1.7311	1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$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	\$1,003,511	\$356,084	\$553,173	\$107,046
8	Total Nursing Facility Days As Filed Days = 47,855	FY12 Audited C/R Days	47,855									
	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 Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.5260</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$2.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 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	\$15.49	\$24.66	\$0.00	\$23.31	\$7.67	\$10.15	\$2.24
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.7311</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.03	\$113.51	\$0.00	\$15.49	\$24.66	\$0.00	\$23.31	\$7.67	\$10.15	\$2.24
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 = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.41	\$3.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.81	\$5.08	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.84	\$118.59	\$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	(Ln 25 - Ln 23) * 0.75	\$152.06									

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

FINAL

Provider: The Oaks Nursing Home, Inc.		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00142271A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	52.9%	13.37%	Base Period Overall CMI: 1.2854				1.2854	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.90	Qtrly BIMS score: 5.5%	5.5%	3.0%	Quarterly Medicaid CMI: 1.8438				1.8438	1.4488	
						Qtrly Mcaid CMI w RUG Wght Options: 1.8799				1.8799	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,280,985	\$1,144,706	\$0	\$288,459	\$77,380	\$246,675	\$400,371	\$34,342	\$89,052	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$2,666)	\$3,281	\$0	\$383	(\$740)	(\$2,076)	(\$3,328)		(\$39,826)	\$39,640
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,278,319	\$1,147,987	\$0	\$288,842	\$76,640	\$244,599	\$397,043	\$34,342	\$49,226	\$39,640
8	Total Nursing Facility Days	As Filed Days = 18,971	18,971									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 21,365										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0.00	\$15.23	\$16.93	(with L&H)	\$20.93	\$1.61	\$2.59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2854								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$117.10	\$47.08	\$0.00	\$15.23	\$16.93		\$20.56	\$1.61	13.60 (FRV)	\$2.09
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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.8799								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.40	\$100.33	\$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 ([Snd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.52	\$5.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.79	\$9.06	\$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	\$204.19	\$109.39	\$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	\$140.32									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: The Oaks of Athens Pvdr ID: 00140126A H/B ? : No			Add-on Data and Percentages Growth Allowance: N/A BIMS: 26.6% Nurse Hours per On-Site Day/Quality Incentive: 3.95			Facility Score Add-on Percent 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.4177 Quarterly Medicaid CMI: 1.4772 Qrtly Mcaid CMI w RUG Wght Options: 1.5055			Facility Specific 1.4177 1.4772 1.5055	State-wide 1.3617 1.4283 1.4526	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 356,084		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								48,701		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$30.90	\$1.82
	Allowed @ 95% of Std		\$159.61	\$67.93		\$17.49	\$21.94		\$19.53		\$30.90	\$1.82
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$183.89	\$77.01		\$19.83	\$24.87		\$22.14	\$ 7.31	\$30.90	\$1.82
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5055							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$115.94								
	Quarterly Medicaid CMA Allowed Per Diem		\$222.81	\$115.94		\$19.83	\$24.87		\$22.14	\$7.31	\$30.90	\$1.82
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 1.0% to Routine Svcs)		\$1.16	\$1.16								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$3.48	\$3.48								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.74									
	Quarterly Case Mix Based Per Diem Rate		\$244.55	\$120.58		\$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%	\$170.59										

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

FINAL

Provider: The Oaks of Carrollton				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00140181A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.5821	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score		18.2%	0.0%	Quarterly Medicaid CMI:			1.3945	1.4488
						3.73	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4204	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 GL-PL 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 Svcs	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		1.5821								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$5.92
Quarterly Per Diem Rate Prior to Add-ons												
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)	Ln 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		1.4204								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.58								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.04	\$95.58	\$0.00	\$18.32	\$26.18	\$0.00	\$23.31	\$6.97	\$21.76	\$5.92
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Snd - Awd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$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	\$20.72	\$3.40	\$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	\$218.76	\$98.98	\$0.00	\$18.54	\$26.18	\$0.00	\$40.41	\$6.97	\$21.76	\$5.92
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.25									

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

FINAL

Provider: The Place at Deans Bridge			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00141589A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4214			1.4214	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.10			Qtrly BIMS score: 32.8%	2.5%	Quarterly Medicaid CMI: 1.2953			1.2953	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3167			1.3167	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operalrns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	(\$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	\$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	FY12 Audited C/R Days	29,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL Ins Rpt Days								27,415		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$150.72	\$75.57	\$0.00	\$16.20	\$16.02	(with L&H)	\$19.06	\$7.32	\$15.31	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4214								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	\$15.31	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$122.19	\$53.17	\$0.00	\$16.20	\$16.02		\$19.06	\$7.32	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		1.3167								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.25	\$79.37	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.98	\$1.98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.38	\$2.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.24	\$84.26	\$0.00	\$18.59	\$18.57	\$0.00	\$39.08	\$7.32	\$9.18	\$1.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.86									

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

FINAL

Provider: The Place at Martinez			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00142535A			Growth Allowance: N/A		41.0%	13.37%	Base Period Overall CMI: 1.3341				1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score		2.5%	2.5%	Quarterly Medicaid CMI: 1.4184				1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.65		3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4423				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4		(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,564,064	\$2,579,902	\$0	\$526,677	\$270,261	\$310,298	\$502,796	\$200,608	\$173,522	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)		\$277,664	\$47,334
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,849,649	\$2,576,271	\$0	\$526,677	\$270,656	\$309,621	\$467,296	\$200,608	\$451,186	\$47,334
8	Total Nursing Facility Days As Filed Days = 30,465	FY12 Audited C/R Days	30,465									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY 18 GL-PL Ins Rpt Days								27,936		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.3341								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.55
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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		1.4423								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.07	\$103.66	\$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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.59	\$2.59								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.11	\$3.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.33	\$6.23	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$205.40	\$109.89	\$0.00	\$19.82	\$22.01	\$0.00	\$34.86	\$7.18	\$10.09	\$1.55
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.23									

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

FINAL

<div> <div> Provider: The Retreat Nursing Home Prvdr ID: 00142733A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 19.5% Nurse Hours per On-Site Day/Quality Incentive: 4.64 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 0.0% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.0648 Quarterly Medicaid CMI: 1.0784 Qtrly Mcaid CMI w RUG Wght Options: 1.0896 </div> <div> Facility Specific: 1.0648 1.0784 1.0896 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,106,375	\$1,495,689	\$0	\$704,603	\$191,701	\$259,887	\$283,777	\$48,494	\$122,224	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$217,869	\$27,490	\$0	(\$1,623)	\$2,348	\$3,679	\$189,241		(\$8,976)	\$5,710
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,324,244	\$1,523,179	\$0	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days	As Filed Days = 19,648										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 19,232										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0648								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$72.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$155.03	\$71.51	\$0.00	\$29.15	\$23.06		\$20.56	\$2.52	7.94 (FRV)	\$0.29
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.29	\$9.56	\$0.00	\$3.90	\$3.08	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.32	\$81.07	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0896								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.58	\$88.33	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$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)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$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	\$19.77	\$2.65	\$0.00	\$0.00	\$0.02	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$201.35	\$90.98	\$0.00	\$33.05	\$26.16	\$0.00	\$40.41	\$2.52	\$7.94	\$0.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138.19									

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

FINAL

Provider: William Breman Jewish Home			<u>Add-on Data and Percentages</u>			<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00040752A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4004			1.4004	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 4.92			Qtrly BIMS score: 50.0%	5.5%	Quarterly Medicaid CMI: 1.1180			1.1180	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.1267			1.1267	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	(\$146,775)	\$7,250	\$0	\$0	(\$5,422)	(\$4,294)	(\$137,136)		(\$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	\$1,477,657	\$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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$98.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81 (FRV)	\$1.12
Quarterly Per Diem Rate Prior to Add-ons												
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	\$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		1.1267								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.94	\$91.34	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$4.31	\$27.81	\$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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.02	\$5.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$2.74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.86	\$7.76	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$219.80	\$99.10	\$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	\$152.03									

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

FINAL

Provider: Thomasville Nurs. & Rehab. Ctr.			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00277604A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A		Base Period Overall CMI: 1.5025		1.5025		1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.91			Qtrly BIMS score: 50.0%		Quarterly Medicaid CMI: 1.4135		1.4135		1.4488
						Qtrly Mcaid CMI w RUG Wght Options: 3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.4386		1.4386		1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmnts	(\$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 As Filed Days = 16,153	FY12 Audited C/R Days	16,153									
	Total Nursing Facility Days GL-PL Ins. Rpt 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 Svcs	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 Residents	from 4 qtrs of FY12		<u>1.5025</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0.60	9.36 (FRV)	\$0.60
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$13.33	\$5.64	\$0.00	\$2.46	\$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	\$123.60	\$47.84	\$0.00	\$20.87	\$21.02	\$0.00	\$23.31	\$0.60	\$9.36	\$0.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4386</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.58	\$68.82	\$0.00	\$20.87	\$21.02	\$0.00	\$23.31	\$0.60	\$9.36	\$0.60
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$3.79	\$3.79								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.06	\$2.06								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.89	\$6.38	\$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	\$168.47	\$75.20	\$0.00	\$20.87	\$21.43	\$0.00	\$40.41	\$0.60	\$9.36	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.53									

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

FINAL

Provider: Thomson Health & Rehab		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00143261A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: N/A	N/A	13.37%	Base Period Overall CMI: 1.1378				1.1378	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score: 45.3%	5.5%	Quarterly Medicaid CMI: 1.4307				1.4307	1.4488			
		Nurse Hours per On-Site Day/Quality Incentive: 3.44	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4533				1.4533	1.4737			
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,744,749	\$2,887,297	\$0	\$712,802	\$413,312	\$336,171	\$660,843	\$99,517	\$634,807	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjmts	(\$73,347)	\$1,582	\$0	\$0	\$887	\$721	(\$65,752)		(\$35,652)	\$24,867
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,671,402	\$2,888,879	\$0	\$712,802	\$414,199	\$336,892	\$595,091	\$99,517	\$599,155	\$24,867
8	Total Nursing Facility Days As Filed Days = 43,939	FY12 Audited C/R Days	43,939									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,165	FY 18 GL-PL Ins Rpt Days								42,165		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$129.17	\$65.75	\$0.00	\$16.22	\$17.09	(with L&H)	\$13.54	\$2.36	\$13.64	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1378								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	\$13.64	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43 (FRV)	\$0.57
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.99	\$7.73	\$0.00	\$2.17	\$2.28	\$0.00	\$1.81	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$129.99	\$65.52	\$0.00	\$18.39	\$19.37	\$0.00	\$15.35	\$2.36	\$8.43	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4533								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.69	\$95.22	\$0.00	\$18.39	\$19.37	\$0.00	\$15.35	\$2.36	\$8.43	\$0.57
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.24	\$5.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.73	\$8.63	\$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	\$186.42	\$103.85	\$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	\$126.99									

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

FINAL

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 Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4355			1.4355	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.92			Qtrly BIMS score: 40.3%	2.5%	Quarterly Medicaid CMI: 1.6322			1.6322	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6613			1.6613	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjtmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,660										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4355</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$109.83	\$50.60	\$0.00	\$13.98	\$11.73		\$20.56	\$0.09	11.90 (FRV)	\$0.97
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.6613</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.73	\$95.31	\$0.00	\$15.85	\$13.30	\$0.00	\$23.31	\$0.09	\$11.90	\$0.97
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.38	\$2.38								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.86	\$2.86								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.50	\$5.77	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.23	\$101.08	\$0.00	\$16.07	\$13.71	\$0.00	\$40.41	\$0.09	\$11.90	\$0.97
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.35									

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

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Provider: Tower Road Healthcare				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00083003A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.4452			1.4452	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 2.60		Qtrly BIMS score: 25.5%		25.5%	1.0%	Quarterly Medicaid CMI: 1.6329			1.6329	1.4488
				Nurse Hours per On-Site Day/Quality Incentive: 2.60		2.60	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.6631			1.6631	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435	\$3,614,570	\$0	\$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 Adjstmnts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)	(\$99,121)		(\$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 Ins Rpt Days								41,585		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 qtrs of FY12		1.4452								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$131.71	\$61.33	\$0.00	\$16.22	\$18.23		\$20.56	\$1.36	12.65 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.56	\$8.20	\$0.00	\$2.17	\$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	\$147.27	\$69.53	\$0.00	\$18.39	\$20.67	\$0.00	\$23.31	\$1.36	\$12.65	\$1.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6631								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.38	\$115.64	\$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 ((Std - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$1.16	\$1.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.89	\$5.16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.27	\$120.80	\$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	\$149.38									

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

FINAL

<div> <div> Provider: Townsend Park H & R Prvdr ID: 00404995A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 36.3% Nurse Hours per On-Site Day/Quality Incentive: 3.57 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3657 Quarterly Medicaid CMI: 1.4065 Qtrly Mcaid CMI w RUG Wght Options: 1.4293 </div> <div> Facility Specific: 1.3657 1.4065 1.4293 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$4,890,696	\$2,276,104	\$0	\$454,843	\$338,849	\$263,394	\$960,646	\$118,231	\$478,629	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$149,130	\$167,177	\$0	\$0	\$0	\$0	(\$18,047)		(\$17,282)	\$17,282
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,039,826	\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
8	Total Nursing Facility Days As Filed Days = 28,961	FY12 Audited C/R Days	28,961									
	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 Svcs	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		<u>1.3657</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allownc %	\$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 Qtr End		<u>1.4293</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.66	\$100.09	\$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 ([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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.76	\$6.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$204.42	\$106.12	\$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	\$140.49									

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

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<div> <div> Provider: Traditions Health & Rehab Prvdr ID: 00143701A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 47.0% Nurse Hours per On-Site Day/Quality Incentive: 3.95 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2904 Quarterly Medicaid CMI: 1.5952 Qtrly Mcaid CMI w RUG Wght Options: 1.6227 </div> <div> Facility Specific: 1.2904 1.5952 1.6227 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$43,619)	(\$784)	\$0	\$0	\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 61,768										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	60,007							61,768		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.44
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	Ln 14 x Grwth Allwnc %	\$14.05	\$8.12	\$0.00	\$1.87	\$2.10	\$0.00	\$1.96	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6227								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.79								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.80	\$111.79	\$0.00	\$15.89	\$17.83	\$0.00	\$16.65	\$2.81	\$9.39	\$1.44
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$6.15	\$6.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	Ln 19 Col b x Stfng Add-on	\$2.24	\$2.24								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$9.92	\$8.92	\$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	\$185.72	\$120.71	\$0.00	\$16.11	\$18.24	\$0.00	\$17.02	\$2.81	\$9.39	\$1.44
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.29									

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

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<div> <div> Provider: Treutlen County Health & Rehab Prvdr ID: 00143349A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.2% Nurse Hours per On-Site Day/Quality Incentive: 3.61 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.5628 Quarterly Medicaid CMI: 1.5569 Qtrly Mcaid CMI w RUG Wght Options: 1.5857 </div> <div> Facility Specific: 1.5628 1.5569 1.5857 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All 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											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 17,802										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	18,155									
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51		\$9.29	\$0.24
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		1.5628								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$49.42								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
14	Base Period Case Mix Adjusted Allowed Per Diem	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	\$121.19	\$49.42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46 (FRV)	\$0.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage =	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	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5857								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.16	\$88.85	\$0.00	\$19.92	\$20.68	\$0.00	\$23.31	\$2.70	\$12.46	\$0.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem =	Ln 19 Col b x CPS Add-on	\$2.22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem =	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	\$23.15	\$5.42	\$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	\$191.31	\$94.27	\$0.00	\$20.14	\$21.09	\$0.00	\$40.41	\$2.70	\$12.46	\$0.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$130.66									

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

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Provider: Twin Fountains Home			Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00142843A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.0956			1.0956	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.02			Qtrly BIMS score: 57.7%	5.5%	Quarterly Medicaid CMI: 1.0350			1.0350	1.4488
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.0453			1.0453	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjtsmts	(\$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 Svcs	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		1.0956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$151.51	\$81.07	\$0.00	\$20.87	\$13.80	\$0.00	\$23.31	\$1.63	\$10.53	\$0.30
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0453								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.18	\$84.74	\$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 (IStd - 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 Svcs)	Ln 19 Col b x CPS Add-on	\$4.66	\$4.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$24.71	\$7.20	\$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	\$179.89	\$91.94	\$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	\$122.09									

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

FINAL

<div> <div> Provider: Twin Oaks Convalescent Center Prvdr ID: 00143393A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 32.5% Nurse Hours per On-Site Day/Quality Incentive: 3.79 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2778 Quarterly Medicaid CMI: 1.3722 Qtrly Mcaid CMI w RUG Wght Options: 1.3952 </div> <div> Facility Specific: 1.2778 1.3722 1.3952 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,128,275	\$2,616,768	\$0	\$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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 30,367										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	30,138									
		FY 18 GL-PL Ins Rpt Days								30,367		
10	Base Period Facility Case Mix Index for All Residents	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
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		<u>1.2778</u>								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$62.73								
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	\$17.93	\$0.25
14	Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
		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
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Gwth 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 Qtr End		<u>1.3952</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.69	\$99.23	\$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 ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$214.78	\$105.22	\$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	\$148.26									

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

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<div> <div> Provider: Twin View Health Care Prvdr ID: 00040807A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.6% Nurse Hours per On-Site Day/Quality Incentive: 2.51 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2987 Quarterly Medicaid CMI: 1.4153 Qtrly Mcdai CMI w RUG Wght Options: 1.4410 </div> <div> Facility Specific: 1.2987 1.4153 1.4410 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								37,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Altwnc %	\$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		1.4410								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$54.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$101.69	\$54.41	\$0.00	\$11.11	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.36	\$1.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sflng Add-on	\$1.63	\$1.63								
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	\$21.62	\$3.52	\$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	\$123.31	\$57.93	\$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	\$79.66									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

<div> <div> Provider: Union County Nursing Home Prvdr ID: 00143415A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 37.9% Nurse Hours per On-Site Day/Quality Incentive: 3.67 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1218 Quarterly Medicaid CMI: 1.1588 Qtrly Mcaid CMI w RUG Wght Options: 1.1799 </div> <div> Facility Specific: 1.1218 1.1588 1.1799 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>Hosp Based</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1218</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 Diem (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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.1799</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.29	\$95.65	\$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 ((Sind - Alwd) 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Slfng 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	\$23.09	\$5.26	\$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	\$206.38	\$100.91	\$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	\$141.96									

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

FINAL

Provider: University Nursing and Rehab Center		Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00140533A		Case Mix Per Diem Rate Effective Date: 7/1/2019	Growth Allowance: Qtrly BIMS score	N/A	13.37%	Base Period Overall CMI:				1.4327	1.4014
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19	Nurse Hours per On-Site Day/Quality Incentive:	3.11	1.0%	Qtrly Medicaid CMI:				1.4070	1.4488
					3.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.4315	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatlns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,418,106	\$1,878,812	\$0	\$254,029	\$134,931	\$141,835	\$678,738	\$0	\$329,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstnts	(\$51,535)	(\$11,061)	\$0	\$0	\$723	\$4,137	(\$47,018)		(\$12,931)	\$14,615
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,366,571	\$1,867,751	\$0	\$254,029	\$135,654	\$145,972	\$631,720	\$0	\$316,830	\$14,615
8	Total Nursing Facility Days	As Filed Days = 16,905	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 33,746								33,746		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$199.15	\$110.49	\$0.00	\$15.03	\$16.66	(with L&H)	\$37.37	\$0.00	\$18.74	\$0.86
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4327								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$77.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$77.12	\$0.00	\$15.03	\$16.66		\$37.37	\$0.00	\$18.74	\$0.86
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$137.33	\$73.31	\$0.00	\$15.03	\$16.66		\$24.02	\$0.00	7.45 (FRV)	\$0.86
	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	\$154.58	\$83.11	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0.00	\$7.45	\$0.86
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4315								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$118.97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.44	\$118.97	\$0.00	\$17.04	\$18.89	\$0.00	\$27.23	\$0.00	\$7.45	\$0.86
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Atwdj) x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.19	\$1.19								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.57	\$3.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.49	\$4.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.93	\$123.73	\$0.00	\$17.26	\$19.30	\$0.00	\$44.33	\$0.00	\$7.45	\$0.86
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.87									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Vista Park Health and Rehab			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide	
Prvdr ID: 00142931A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:				1.4571	1.3617	
H/B ?: No			Case Mix Per Diem Rate Effective Date: 07/01/19		BIMS:	36.6%	2.5%	Quarterly Medicaid CMI:				1.6305	1.4283
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		3.65	2.0%	Qtrly Mcaid CMI w RUG Wght Options:				1.6587	1.4526	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g		h	i	
CASE MIX BASED RATE CALCULATIONS													
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1				
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
	Peer Group Standards & Efficiency Measure Limits												
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%				
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%				
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
	Per Diem Costs and Add-ons												
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 159,341			
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								30,584			
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$21.77	\$0.4	
	Allowed @ 95% of Std		\$149.08	\$67.93		\$17.49	\$21.94		\$19.53		\$21.77	\$0.4	
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61				
	CMA Allowed Per Diem (After Growth Allowance)		\$171.26	\$77.01		\$19.83	\$24.87		\$22.14	\$ 5.21	\$21.77	\$0.42	
	Quarterly Facility Case Mix Index for Medicaid Residents			1.6587							(FRV Rate)		
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$127.74									
	Quarterly Medicaid CMA Allowed Per Diem		\$221.98	\$127.74		\$19.83	\$24.87		\$22.14	\$5.21	\$21.77	\$0.42	
	Quarterly Per Diem Add-On Amounts												
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$3.19	\$3.19									
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.55	\$2.55									
	Nursing Home Provider Fee		\$17.10						17.10				
	Total Quarterly Per Diem Add-On Amounts		\$22.85										
	Quarterly Case Mix Based Per Diem Rate		\$244.83	\$133.49		\$19.83	\$24.87		\$39.24	\$5.21	\$21.77	\$0.42	
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$170.80											

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

FINAL

<div> <div> Provider: Westwood (University Extended Care) Prvdr ID: 00219359A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 31.8% Nurse Hours per On-Site Day/Quality Incentive: 3.86 </div> <div> Facility Score Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3761 Quarterly Medicaid CMI: 1.4146 Qtrly Mcaid CMI w RUG Wght Options: 1.4372 </div> <div> Facility Specific 1.3761 1.4146 1.4372 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R - FY 2018 GL-PL Rpt	\$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										
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 50,751										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days	51,167									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY 18 GL-PL Ins Rpt Days								50,751		
10	Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a	\$158.83	\$97.60	\$0.00	\$16.25	\$18.05	(with L&H)	\$17.15	\$3.61	\$6.17	\$0.00
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12		<u>1.3761</u>								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$70.92	\$0.00	\$16.25	\$18.05		\$17.15	\$3.61	\$6.17	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Altwnc %	\$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 + Ln 15	\$158.74	\$80.40	\$0.00	\$18.42	\$20.46	\$0.00	\$19.44	\$3.61	\$16.41	\$0.00
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4372</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.89	\$115.55	\$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 (Std - 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 = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.89	\$2.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.47	\$3.47								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.90	\$6.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.79	\$122.35	\$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	(Ln 25 - Ln 23) * 0.75	\$151.27									

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

FINAL

Provider: University Nursing and Rehab Center			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00140533A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.4309				1.4309	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		Qtrly BIMS score: 22.4%	1.0%	Quarterly Medicaid CMI: 1.4070				1.4070	1.4488
					Nurse Hours per On-Site Day/Quality Incentive: 3.11	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.4315				1.4315	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,103,080	\$3,666,649	\$0	\$550,658	\$277,393	\$284,746	\$766,812	\$0	\$556,822	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$244,213)	(\$120,637)	\$0	(\$13,981)	\$1,297	\$7,263	(\$117,882)		(\$49,596)	\$49,323
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,858,867	\$3,546,012	\$0	\$536,677	\$278,690	\$292,009	\$648,930	\$0	\$507,226	\$49,323
8	Total Nursing Facility Days As Filed Days = 36,796	FY12 Audited C/R Days	36,796									
	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 Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$159.23	\$96.37	\$0.00	\$14.59	\$15.51	(with L&H)	\$17.64	\$0.00	\$13.78	\$1.34
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.4309								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.35								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$67.35	\$0.00	\$14.59	\$15.51		\$17.64	\$0.00	\$13.78	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$123.88	\$67.35	\$0.00	\$14.59	\$15.51		\$17.64	\$0.00	7.45 (FRV)	\$1.34
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$15.38	\$9.00	\$0.00	\$1.95	\$2.07	\$0.00	\$2.36	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.26	\$76.35	\$0.00	\$16.54	\$17.58	\$0.00	\$20.00	\$0.00	\$7.45	\$1.34
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.4315								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.30								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.21	\$109.30	\$0.00	\$16.54	\$17.58	\$0.00	\$20.00	\$0.00	\$7.45	\$1.34
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>1.0%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.09	\$1.09								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.28	\$3.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.00	\$4.90	\$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	\$195.21	\$114.20	\$0.00	\$16.76	\$17.99	\$0.00	\$37.47	\$0.00	\$7.45	\$1.34
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.58									

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

FINAL

Provider: Vista Park Health & Rehab Prvdr ID: 00142931A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score 36.6% Nurse Hours per On-Site Day/Quality Incentive: 3.66		13.37% 2.5% 2.0%	Base Period Overall CMI: 1.4571 Quarterly Medicaid CMI: 1.6305 Qtrly Mcaid CMI w RUG Wght Options: 1.6587			1.4571 1.6305 1.6587	1.3617 1.4488 1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,918,371	\$3,615,552	\$0	\$775,443	\$426,696	\$455,303	\$857,191	\$159,341	\$628,845	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjlmnts	(\$91,006)	\$0	\$0	\$0	\$0	\$0	(\$91,006)		(\$22,443)	\$22,443
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,827,365	\$3,615,552	\$0	\$775,443	\$426,696	\$455,303	\$766,185	\$159,341	\$606,402	\$22,443
8	Total Nursing Facility Days As Filed Days = 52,830	FY12 Audited C/R Days	52,830									
	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 Svcs	Ln 7 / Ln 8 Col a	\$131.43	\$68.44	\$0.00	\$14.68	\$16.70	(with L&H)	\$14.50	\$5.21	\$11.48	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4571								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$14.68	\$16.70		\$14.50	\$5.21	\$11.48	\$0.42
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$120.25	\$46.97	\$0.00	\$14.68	\$16.70		\$14.50	\$5.21	21.77 (FRV)	\$0.42
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.41	\$6.28	\$0.00	\$1.96	\$2.23	\$0.00	\$1.94	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.66	\$53.25	\$0.00	\$16.64	\$18.93	\$0.00	\$16.44	\$5.21	\$21.77	\$0.42
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6587								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.74	\$88.33	\$0.00	\$16.64	\$18.93	\$0.00	\$16.44	\$5.21	\$21.77	\$0.42
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Ahd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.61	\$4.51	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$190.35	\$92.84	\$0.00	\$16.86	\$19.34	\$0.00	\$33.91	\$5.21	\$21.77	\$0.42
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.94									

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

FINAL

Provider: Warm Springs Med. Ctr. NH Prvdr ID: 00141952A			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Growth Allowance: N/A Qtrly BIMS score 39.7% Nurse Hours per On-Site Day/Quality Incentive: 3.40		13.37% 2.5% 3.0%	Base Period Overall CMI: 1.1001 Quarterly Medicaid CMI: 1.1009 Qtrly Mcaid CMI w RUG Wght Options: 1.1132				1.3617 1.4488 1.4737		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,845,929	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$0	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856)		\$298,258	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,828,695	\$1,710,029	\$0	\$566,162	\$325,090	\$388,274	\$515,177	\$25,705	\$298,258	\$0
8	Total Nursing Facility Days As Filed Days = 27,516	FY12 Audited C/R Days	27,516									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,521	FY 18 GL-PL Ins Rpt Days								26,521		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$139.19	\$62.15	\$0.00	\$20.58	\$25.93	(with L&H)	\$18.72	\$0.97	\$10.84	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1001								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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	\$130.11	\$56.49	\$0.00	\$20.58	\$23.09		\$18.72	\$0.97	10.26 (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		1.1132								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.25	\$71.29	\$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 ([SInd - Ahwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.78	\$1.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.45	\$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	\$175.39	\$75.74	\$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	\$118.72									

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

FINAL

Provider: Warner Robins Rehab & Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141303A				Growth Allowance: N/A		23.7%	13.37%	Base Period Overall CMI: 1.5459				1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score		2.0%	1.0%	Quarterly Medicaid CMI: 1.4478				1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 3.17		2.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.5172				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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											
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 39,637											
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56		\$25.72	\$3.33	\$13.36	\$1.43	
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A		
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.68	\$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	Growth Allowance Percentage = 13.37%	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		1.5172									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.74									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.50	\$77.74	\$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 ([Std - Ahd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78									
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.55	\$1.55									
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	\$20.59	\$2.86	\$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	\$173.09	\$80.60	\$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	\$116.99										

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

FINAL

Provider: Warrenton Health and Rehabilitation Center			<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142645A			Growth Allowance: N/A		N/A	13.37%	Base Period Overall CMI: 1.3956				1.3956	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 31.4%		31.4%	2.5%	Quarterly Medicaid CMI: 1.5119				1.5119	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 2.37		2.37	1.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5410				1.5410	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjtsmts	(\$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 Svcs	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 qtrs of FY12		1.3956								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.17
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.5410								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.21	\$94.11	\$0.00	\$17.02	\$23.15	\$0.00	\$20.23	\$0.58	\$7.95	\$1.17
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$0.94	\$0.94								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.92	\$3.82	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$186.13	\$97.93	\$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	\$126.77									

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

FINAL

Provider: Washington County ECF Prvdr ID: 00143481A				Add-on Data and Percentages			Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 34.9% Nurse Hours per On-Site Day/Quality Incentive: 4.22			13.37% 2.5% 3.0%		Base Period Overall CMI: 1.2193 Quarterly Medicaid CMI: 1.1271 Qtrly Mcaid CMI w RUG Wght Options: 1.1445			1.2193 1.1271 1.1445	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance	
			a	b	c	d	e	f	g	g	h	i	
CASE MIX BASED RATE CALCULATIONS													
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes				
Peer Group Standards & Efficiency Measure Limits													
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%				
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%				
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37				
Base Period Per Diem Allowed Amounts													
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$45,465)	(\$126,889)	\$0	\$13,233	\$23,828	\$2,360	\$44,850		(\$8,108)	\$5,261	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,327,692	\$1,684,984	\$0	\$539,286	\$274,946	\$222,972	\$459,100	\$24,556	\$116,587	\$5,261	
8	Total Nursing Facility Days As Filed Days = 21,337	FY12 Audited C/R Days	21,174										
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,995	FY 18 GL-PL Ins Rpt Days								20,995			
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$157.18	\$79.58	\$0.00	\$25.47	\$23.52	(with L&H)	\$21.68	\$1.17	\$5.51	\$0.25	
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2193									
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.27									
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$145.68	\$65.27	\$0.00	\$25.47	\$23.09		\$20.56	\$1.17	9.87 (FRV)	\$0.25	
Quarterly Per Diem Rate Prior to Add-ons													
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$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	\$23.31	\$1.17	\$9.87	\$0.25	
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1445									
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.69									
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.35	\$84.69	\$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 ([Std - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00		
21	BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.12	\$2.12									
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	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	\$22.51	\$5.19	\$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	\$196.86	\$89.88	\$0.00	\$29.10	\$26.18	\$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	\$134.82										

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

FINAL

Provider: Waycross Health & Rehabilitation Center			<u>Add-on Data and Percentages</u>			Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00143459A			Case Mix Per Diem Rate Effective Date: 7/1/2019			Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2974			1.2974	1.3617
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:			Qtrly BIMS score: 26.1%	1.0%	Quarterly Medicaid CMI: 1.4919			1.4919	1.4488
						3.68	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5181	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjslmts	(\$15,947)	\$0	\$0	\$0	\$0	\$0	(\$16,433)		(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 24,654										
		FY12 Audited C/R Days	26,933									
		FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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 (FRV)	\$0.72
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		1.5181								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.80	\$87.67	\$0.00	\$17.91	\$17.30	\$0.00	\$19.14	\$3.61	\$7.45	\$0.72
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (Std - Ahtwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.63	\$2.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.14	\$4.04	\$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	\$175.94	\$91.71	\$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	\$119.13									

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

FINAL

Provider: WellStar Paulding Nursing Center				<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>			<u>Facility Specific</u>	<u>State-wide</u>
Prvdr ID: 00142359A				Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.0621			1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 4.21		Qtrly BIMS score: 42.1%	2.5%	Quarterly Medicaid CMI: 0.9853			1.4488	
							3.0%	Qtrly Mcaid CMI w RUG Wght Options: 0.9967			1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$332,707)	(\$313,898)	\$0	(\$2,116)	\$2,261	\$24,126	(\$43,080)		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$15,888,206	\$6,548,441	\$0	\$2,188,701	\$890,714	\$831,067	\$2,881,987	\$177,092	\$2,370,204	\$0
8	Total Nursing Facility Days As Filed Days = 63,718	FY12 Audited C/R Days	63,718									
	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 Svcs	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	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.0621								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$0.00
Quarterly Per Diem Rate Prior to Add-ons												
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	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9967								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.65	\$80.80	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.00
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.02	\$2.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.42	\$2.42								
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	\$4.44	\$4.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.09	\$85.24	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.32									

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

FINAL

<div> <div> Provider: Westbury H & R - Conyers, Inc Prvdr ID: 00143503A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 42.5% Nurse Hours per On-Site Day/Quality Incentive: 3.60 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.2886 Quarterly Medicaid CMI: 1.4602 Qtrly Mcaid CMI w RUG Wght Options: 1.4880 </div> <div> Facility Specific: 1.2886 1.4602 1.4880 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
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
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All 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											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	\$0
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									
9	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 Svcs	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		1.2886								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$66.02	\$0.00	\$17.85	\$22.01		\$15.50	\$2.52	\$8.86	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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 (FRV)	\$1.45
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Alkwn %	\$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	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4880								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$111.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.01	\$111.38	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9.90	\$1.45
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.78	\$2.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.34	\$3.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.75	\$6.65	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$212.76	\$118.03	\$0.00	\$20.46	\$25.36	\$0.00	\$35.04	\$2.52	\$9.90	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.75									

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

FINAL

Provider: Westbury H & R-McDonough, Inc			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143525A			Growth Allowance: N/A		13.37%	Base Period Overall CMI: 1.2827				1.2827	1.3617	
Case Mix Per Diem Rate Effective Date: 7/1/2019			Qtrly BIMS score: 46.6%		5.5%	Quarterly Medicaid CMI: 1.3459				1.3459	1.4488	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.91		3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.3712				1.3712	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,298								52,298		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2827</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	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 Svcs)	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 (FRV)	\$1.36
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.3712</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.65								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.82	\$100.65	\$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 ((IStd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.54	\$5.54								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>3.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$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	\$26.97	\$9.09	\$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	\$202.79	\$109.74	\$0.00	\$20.87	\$25.57	\$0.00	\$33.38	\$2.45	\$9.42	\$1.36
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.27									

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

FINAL

<div> <div> Provider: Westbury Medical Care Home, Inc. Prvdr ID: 00143514A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 47.7% Nurse Hours per On-Site Day/Quality Incentive: 3.79 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 5.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.1885 Quarterly Medicaid CMI: 1.4974 Qtrly Mcaid CMI w RUG Wght Options: 1.5261 </div> <div> Facility Specific 1.1885 1.4974 1.5261 </div> <div> State-wide 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 68,664 As Filed Days = 67,751	68,664									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days								67,751		
10	Base Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$123.81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15.93	\$2.11	\$3.37	\$1.33
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$1.33
Quarterly Per Diem Rate Prior to Add-ons												
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 Qtr End		1.5261								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.28	\$101.27	\$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 (Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.57	\$5.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.24	\$9.14	\$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	\$196.52	\$110.41	\$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	\$134.57									

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

FINAL

Provider: Westminister Commons Prvdr ID: 00140082A				Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score 31.9% Nurse Hours per On-Site Day/Quality Incentive: 3.35		Facility Score N/A Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: 1.3564 Quarterly Medicaid CMI: 1.3673 Qtrly Mcaid CMI w RUG Wght Options: 1.3896				Facility Specific 1.3564 1.3673 1.3896	State-wide 1.3699 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$109,588)	\$0	\$0	\$0	\$0	\$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 Svcs	Ln 7 / Ln 8 Col 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		1.3564								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$130.55	\$58.26	\$0.00	\$13.78	\$20.51		\$23.46	\$4.30	7.81	\$2.43
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
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		1.3896								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.79	\$91.78	\$0.00	\$15.62	\$23.25	\$0.00	\$26.60	\$4.30	\$7.81	\$2.43
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 Svcs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.30	\$5.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.09	\$97.35	\$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	\$133.49									

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

FINAL

<div> <div> Provider: Westview Nursing & Rehab Center Prvdr ID: 00143536A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 30.8% Nurse Hours per On-Site Day/Quality Incentive: 2.54 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3807 Quarterly Medicaid CMI: 1.5569 Qtrly Mcaid CMI w RUG Wght Options: 1.5847 </div> <div> Facility Specific: 1.3807 1.5569 1.5847 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits											
3	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Reallocations 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									
8	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 Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.97								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$111.39	\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	11.14 (FRV)	\$1.20
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Gwth Alkwn %	\$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		1.5847								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.35	\$84.39	\$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 (Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2.11								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng 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	\$23.27	\$5.17	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$178.62	\$89.56	\$0.00	\$15.51	\$19.30	\$0.00	\$38.79	\$3.12	\$11.14	\$1.20
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.14									

Quarterly Case Mix Per Diem Rate Calculations

FINAL

<div> <div> Provider: Westwood Nursing Center Prvdr ID: 00370862A H/B ? : No </div> <div> Case Mix Per Diem Rate Effective Date: 07/01/19 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: 07/01/19 BMS Nurse Hours per On-Site Day/Quality Incentive: 03/31/19 </div> <div> Facility Score N/A 44.8% 5.29 </div> <div> Add-on Percent 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Medicaid CMI w RUG Wght Options: </div> <div> Facility Specific 1.3746 1.4328 1.4553 </div> <div> State-wide 1.3617 1.4283 1.4526 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Housekeeping	Plant Operations & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,136,799		233,063	132,845	149,522	328,763	47,102	316,084	2,412
	Inflation (July 2012) @ 2.06%			23,418		4,801	5,817		6,773			50
	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		
	Inflated NHC/ Patient Days			58.69		12.03	14.58		16.97	3.64	15.99	0.12
	Base Period Facility CMI for all Residents			1.3746								
	Routine Services Case Mix Adjusted Net Per Diem			\$42.69								
	Net Per Diems After Case Mix Adjustments		\$106.03	\$42.69		\$12.03	\$14.58		\$16.97	\$3.64	\$15.99	0.12
	Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			
	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										(FRV Rate)	
	Growth Allowance 13.37%		\$11.53	\$5.71		\$1.61	\$1.95		\$2.27			
	CMA Allowed Per Diem After Growth Allowance		\$110.64	\$48.40		\$13.64	\$16.53		\$19.24	\$3.64	\$9.07	\$0.12
	Quarterly Facility Case Mix Index for Medicaid Residents			1.4553								
	Qtrly Routine Svcs Case Mix Adjustd (CMA) Net Per Diem			\$70.44								
	Quarterly Medicaid CMA Allowed Per Diem		\$132.68	\$70.44		\$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			
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$1.76	1.76								
	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.11	2.11								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.50									
	Quarterly Case Mix Based Per Diem Rate		\$155.18	\$74.84		\$13.86	\$16.94		\$36.71	\$3.64	\$9.07	\$0.12
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvd Fee) x 75%		\$103.56									

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

FINAL

<div> <div> Provider: Wildwood Health Care, Inc. Prvdr ID: 00143547A </div> <div> Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19 </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 41.2% Nurse Hours per On-Site Day/Quality Incentive: 3.42 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 2.5% 3.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3013 Quarterly Medicaid CMI: 1.6711 Qtrly Mcaid CMI w RUG Wght Options: 1.7036 </div> <div> Facility Specific: 1.3013 1.6711 1.7036 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups <i>Type of Facility within Peer Group</i> <i>Bed Size Range within Peer Group</i>	(see Policy Manual)		1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	2 <i>Free Standing</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>	1 <i>All Facilities</i> <i>All Bed Sizes</i>			
2	Peer Group Standards & Efficiency Measure Limits											
3	<i>Peer Group Standards: Percentile</i>	(see Policy Manual)		<i>90.0%</i>	<i>90.0%</i>	<i>90.0%</i>	<i>85.0%</i>		<i>50.0%</i>			
4	<i>Peer Group Standards: Multiplier</i>	(see Policy Manual)		<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>		<i>105.0%</i>			
4	<i>Efficiency Measure Maximums (see line 20 for actual)</i>	(see Policy Manual)		<i>\$0.53</i>	<i>\$0.00</i>	<i>\$0.22</i>	<i>\$0.41</i>		<i>\$0.37</i>			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	15,340									
8	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 15,434										
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.80
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 Qtr End		1.7036								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.69	\$107.05	\$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 (Std - Alwd) 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 = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.68	\$2.68								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$3.21	\$3.21								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.31	\$6.42	\$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	\$210.00	\$113.47	\$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	\$144.68									

Quarterly Case Mix Per Diem Rate Calculations

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Provider: Willowood Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Prvdr ID: 00271829A				Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.1879	1.3617
H/B ? : No				BIMS		35.3%	2.5%	Quarterly Medicaid CMI:			1.3431	1.4283
Case Mix Per Diem Rate Effective Date: 07/01/19				Nurse Hours per On-Site Day/Quality Incentive:		2.43	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.3667	1.4526
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
	Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt		1,595,445		413,205	205,765	267,259	616,206	78,669	380,009	18,585
	Inflation (July 2012) @ 2.06%			32,866		8,512	9,744		12,694			383
	Patient Days	FY 2010 Cost Rpt		35,750		35,750	35,750		35,750		35,750	35,750
	Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days								31,254		
	Inflated NHC/ Patient Days			45.55		11.80	13.50		17.59	2.52	10.63	0.53
	Base Period Facility CMI for all Residents			1.1879								
	Routine Services Case Mix Adjusted Net Per Diem			\$38.34								
	Net Per Diems After Case Mix Adjustments		\$94.91	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	\$10.63	0.53
	Per Diem Standards			\$72.49		\$17.69	\$23.20		\$21.80			
	Base Period Case Mix Adjusted Allowed Per Diem		\$92.28	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52	7.99	0.53
	Quarterly Per Diem Rate Prior to Add-Ons										(FRV Rate)	
	Growth Allowance 13.37%		\$10.86	\$5.13		\$1.58	\$1.81		\$2.35			
	CMA Allowed Per Diem After Growth Allowance		\$103.13	\$43.47		\$13.37	\$15.31		\$19.94	\$2.52	\$7.99	\$0.53
	Quarterly Facility Case Mix Index for Medicaid Residents			1.3667								
	Qrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$59.41								
	Quarterly Medicaid CMA Allowed Per Diem		\$119.07	\$59.41		\$13.37	\$15.31		\$19.94	\$2.52	\$7.99	\$0.53
	Quarterly Per Diem Add-On Amounts											
	Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)		\$1.49	1.49								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$1.19	1.19								
	Nursing Home Provider Fee		\$ 17.10						\$ 17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.31									
	Quarterly Case Mix Based Per Diem Rate		\$140.38	\$62.62		\$13.59	\$15.72		\$37.41	\$2.52	\$7.99	\$0.53
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$92.46										
	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$97.43										

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

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Provider: Windemere Health & Rehab Prvdr ID: 00241678A				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-wide
Case Mix Per Diem Rate Effective Date: 7/1/2019 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Growth Allowance: N/A Qtrly BIMS score: 44.6% Nurse Hours per On-Site Day/Quality Incentive: 3.31		N/A	13.37% 2.5% 2.0%	Base Period Overall CMI: 1.5761 Quarterly Medicaid CMI: 1.7235 Qtrly Mcaid CMI w RUG Wght Options: 1.7536			1.5761 1.7235 1.7536	1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstrnts	(\$66,491)	\$0	\$0	\$0	(\$7,368)	(\$11,990)	(\$39,137)		(\$58,352)	\$50,356
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,625,006	\$3,243,931	\$0	\$613,683	\$198,760	\$267,714	\$1,028,258	\$3,884	\$218,420	\$50,356
8	Total Nursing Facility Days As Filed Days = 40,515	FY12 Audited C/R Days	40,515									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,159	FY 18 GL-PL Ins Rpt Days								38,159		
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11.51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5761								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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	\$108.68	\$50.80	\$0.00	\$15.15	\$11.51		\$20.56	\$0.10	9.32 (FRV)	\$1.24
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.11	\$6.79	\$0.00	\$2.03	\$1.54	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.79	\$57.59	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7536								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.19	\$100.99	\$0.00	\$17.18	\$13.05	\$0.00	\$23.31	\$0.10	\$9.32	\$1.24
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Sifng Add-on	\$2.02	\$2.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.80	\$5.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.99	\$106.06	\$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	\$128.17									

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

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<div> <div> Provider: Winder Nursing, Inc. Prvdr ID: 00142854A </div> <div> Add-on Data and Percentages Growth Allowance: N/A Qtrly BIMS score: 23.9% Nurse Hours per On-Site Day/Quality Incentive: 5.35 </div> <div> Facility Score: N/A Add-on Percent: 13.37% 1.0% 2.0% </div> <div> Case Mix Index (CMI) Data Base Period Overall CMI: 1.3615 Quarterly Medicaid CMI: 1.3179 Qtrly Mcaid CMI w RUG Wght Options: 1.3408 </div> <div> Facility Specific: 1.3615 1.3179 1.3408 </div> <div> State-wide: 1.3617 1.4488 1.4737 </div> </div>												
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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 Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 53,832 As Filed Days = 46,878	53,832									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$119.13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2.52	11.16 (FRV)	\$0.37
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 Qtr End		1.3408								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.39	\$83.49	\$0.00	\$17.42	\$18.91	\$0.00	\$20.52	\$2.52	\$11.16	\$0.37
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$0.83	\$0.83								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.67	\$1.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.13	\$3.03	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.52	\$86.52	\$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	\$118.82									

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

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Provider: Winthrop Manor Nursing Center				Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data			Facility Specific	State-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: 7/1/2019				Qtrly BIMS score		36.9%	2.5%	Quarterly Medicaid CMI:			1.4123	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive:		3.40	3.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.4341	1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,202,364	\$2,864,962	\$0	\$524,768	\$373,839	\$279,989	\$656,993	\$95,369	\$406,444	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$24,426)	\$0	\$0	\$0	\$227	\$0	(\$24,653)		(\$33,959)	\$33,959
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,177,938	\$2,864,962	\$0	\$524,768	\$374,066	\$279,989	\$632,340	\$95,369	\$372,485	\$33,959
8	Total Nursing Facility Days As Filed Days = 35,374	FY12 Audited C/R Days	35,374									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,215	FY 18 GL-PL Ins Rpt Days								33,215		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	Ln 7 / Ln 8 Col a	\$146.55	\$80.99	\$0.00	\$14.83	\$18.49	(with L&H)	\$17.88	\$2.87	\$10.53	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3379								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	\$10.53	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Svcs)	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	\$125.82	\$60.53	\$0.00	\$14.83	\$18.49		\$17.88	\$2.87	10.26 (FRV)	\$0.96
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alkwn %	\$14.93	\$8.09	\$0.00	\$1.98	\$2.47	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.75	\$68.62	\$0.00	\$16.81	\$20.96	\$0.00	\$20.27	\$2.87	\$10.26	\$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4341								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$98.41								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.54	\$98.41	\$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 ((Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2.46								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$2.95	\$2.95								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.04	\$5.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.58	\$104.35	\$0.00	\$17.03	\$21.37	\$0.00	\$37.74	\$2.87	\$10.26	\$0.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.11									

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

FINAL

Provider: Wood Dale Health Care Center			Add-on Data and Percentages		Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00143591A			Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2524				1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive: 3.53		Qtrly BIMS score: 43.8%	2.5%	Quarterly Medicaid CMI: 1.2438				1.4488	
						3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.2627				1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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 Adjstmnts	(\$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									
	Total Nursing Facility Days GL-PL 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 Svcs	Ln 7 / Ln 8 Col a	\$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		1.2524								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 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 Svcs)	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 (FRV)	\$0.08
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.57	\$8.84	\$0.00	\$2.15	\$2.48	\$0.00	\$2.10	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.96	\$74.93	\$0.00	\$18.25	\$21.00	\$0.00	\$17.78	\$0.28	\$9.64	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2627								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.64	\$94.61	\$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 ([Std - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	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	\$23.84	\$5.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.48	\$100.35	\$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	\$126.29									

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

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Provider: Woodlands Health & Rehab Ctr.				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00141985A				Growth Allowance: N/A	34.8%	13.37%	Base Period Overall CMI: 1.1917				1.1917	1.3617
Case Mix Per Diem Rate Effective Date: 7/1/2019				Qtrly BIMS score	2.5%	2.5%	Quarterly Medicaid CMI: 1.0630				1.0630	1.4488
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19				Nurse Hours per On-Site Day/Quality Incentive: 2.93	3.0%	3.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.0746				1.0746	1.4737

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs 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	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)		(\$29,248)	\$28,457
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	Total Nursing Facility Days	As Filed Days = 22,087	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 41,847								41,847		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1917								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	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 Svcs)	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	\$103.25	\$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	5.15 (FRV)	\$1.29
Quarterly Per Diem Rate Prior to Add-ons												
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	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	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.0746								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$58.90								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$120.21	\$58.90	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5.15	\$1.29
Quarterly Per Diem Add-on Amounts												
20	Efficiency Add-on Per Diem (SInd - Alwdj x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$1.47	\$1.47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.87	\$3.77	\$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	\$142.08	\$62.67	\$0.00	\$16.23	\$19.73	\$0.00	\$36.48	\$0.53	\$5.15	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$93.74									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									

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

FINAL

Provider: Woodstock Nursing and Rehab Center				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data				Facility Specific	State-wide
Prvdr ID: 00171212A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A		13.37%		Base Period Overall CMI: 1.5030		1.4014		
		MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Qtrly BIMS score 43.7%		2.5%		Quarterly Medicaid CMI: 1.7314		1.4488		
		Nurse Hours per On-Site Day/Quality Incentive:		3.27		3.0%		Qtrly Mcaid CMI w RUG Wght Options: 1.7623		1.4737		

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
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,660,444	\$2,454,523	\$0	\$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)	\$0	\$0	\$6,537	\$8,304	(\$67,698)		(\$358)	\$18,837
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	\$18,837
8	Total Nursing Facility Days	As Filed Days = 22,894										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 44,670										
		FY14 Audited C/R Days	22,894									
		FY 18 GL-PL Ins Rpt Days								44,670		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Svcs	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 Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Svcs	RS = Ln 11, AllOthr = Ln 9		\$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 Svcs)	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	\$142.54	\$71.12	\$0.00	\$15.78	\$17.36		\$24.02	\$4.54	8.90	\$0.82
											(FRV)	
Quarterly Per Diem Rate Prior to Add-ons												
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)	Ln 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 Qtr End		1.7623								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.15	\$142.09	\$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 ([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 Svcs)	Ln 19 Col b x CPS Add-on	\$3.55	\$3.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$4.26	\$4.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.07	\$8.34	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.22	\$150.43	\$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	\$172.59									

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

FINAL

Provider: Wrightsville Manor		<u>Add-on Data and Percentages</u>		<u>Facility Score</u>	<u>Add-on Percent</u>	<u>Case Mix Index (CMI) Data</u>				<u>Facility Specific</u>	<u>State-wide</u>	
Prvdr ID: 00143602A		Case Mix Per Diem Rate Effective Date: 7/1/2019		Growth Allowance: N/A	13.37%	Base Period Overall CMI: 1.2201				1.2201	1.3617	
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19		Nurse Hours per On-Site Day/Quality Incentive: 3.61		Qtrly BIMS score: 49.4%	5.5%	Quarterly Medicaid CMI: 1.5657				1.5657	1.4488	
					2.0%	Qtrly Mcaid CMI w RUG Wght Options: 1.5971				1.5971	1.4737	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g	g	h	i
<u>CASE MIX BASED RATE CALCULATIONS</u>												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits												
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Svcs Combined)	As Filed 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 Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmnts	(\$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										
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 32,758										
9	Net Per Diems prior to Case Mix Adjstmnt to Routine Svcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2201</u>								
11	Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.23								
12	Net Per Diems after Case Mix Adjstmnt to Routine Svcs	RS = Ln 11, AllOthr = 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 Svcs)	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 (FRV)	\$0.78
Quarterly Per Diem Rate Prior to Add-ons												
15	Growth Allowance Percentage = <u>13.37%</u>	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 Diem (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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.5971</u>								
18	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.10	\$96.38	\$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 ((Std - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Svcs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = <u>2.0%</u> (to Routine Svcs)	Ln 19 Col b x Stfng Add-on	\$1.93	\$1.93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.86	\$7.76	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.96	\$104.14	\$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	\$124.40									

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Wynfield Park Health & Rehab			<u>Add-on Data and Percentages</u>		Facility Score	Add-on Percent	<u>Case Mix Index (CMI) Data</u>			Facility Specific	State-wide
Prvdr ID: 00141512A			Growth Allowance:		N/A	13.37%	Base Period Overall CMI:			1.2181	1.3617
H/B ? : No			Case Mix Per Diem Rate Effective Date: 07/01/19		BIMS:	37.9%	Quarterly Medicaid CMI:			1.4950	1.4283
MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Nurse Hours per On-Site Day/Quality Incentive:		3.62	2.0%	Qtrly Mcaid CMI w RUG Wght Options:			1.5198	1.4526

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS												
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Per Diem Costs and Add-ons											
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 176,326		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								63,305		
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$25.63	\$1.2
	Allowed @ 95% of Std		\$153.75	\$67.93		\$17.49	\$21.94		\$19.53		\$25.63	\$1.2
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61			
	CMA Allowed Per Diem (After Growth Allowance)		\$173.51	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.79	\$25.63	\$1.23
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5198							(FRV Rate)	
	Qrtly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.04								
	Quarterly Medicaid CMA Allowed Per Diem		\$213.54	\$117.04		\$19.83	\$24.87		\$22.14	\$2.79	\$25.63	\$1.23
	Quarterly Per Diem Add-On Amounts											
	BIMS Add-on Per Diem = 2.5% to Routine Svcs)		\$2.93	\$2.93								
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.34	\$2.34								
	Nursing Home Provider Fee		\$17.10						17.10			
	Total Quarterly Per Diem Add-On Amounts		\$22.37									
	Quarterly Case Mix Based Per Diem Rate		\$235.90	\$122.31		\$19.83	\$24.87		\$39.24	\$2.79	\$25.63	\$1.23
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$164.10										

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: 07/01/19 MDS & Nurse Hrs Data per Quarter Ending: 03/31/19			Add-on Data and Percentages Growth Allowance: N/A BIMS: 12.5% Nurse Hours per On-Site Day/Quality Incentive: 4.50		Facility Score N/A	Add-on Percent 13.37% 0.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qtrly Mcaid CMI w RUG Wght Options:			Facility Specific Use Stwd 1.4975 1.5245	State-wide 1.3617 1.4283 1.4526
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance		
			a	b	c	d	e	f	g		h	i		
CASE MIX BASED RATE CALCULATIONS														
	Cost Center Peer Groups per Selected Options			1	1	2	1	1	1					
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities					
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes					
	Peer Group Standards & Efficiency Measure Limits													
	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%					
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%					
	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37					
	Per Diem Costs and Add-ons													
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 63,806				
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								21,332				
	Standard Per Diem (After CMA for Routine Svcs)	FY 2012 Peer Group Limit		\$71.51		\$18.41	\$23.09		\$20.56		\$36.35	\$5.21		
	Allowed @ 95% of Std		\$168.52	\$67.93		\$17.49	\$21.94		\$19.53		\$36.35	\$5.21		
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34	\$2.93		\$2.61					
	CMA Allowed Per Diem (After Growth Allowance)		\$188.48	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.99	\$36.35	\$5.28		
	Quarterly Facility Case Mix Index for Medicaid Residents			1.5245							(FRV Rate)			
	Qtrly Routine Svcs Case Mix Adjstd (CMA) Net Per Diem			\$117.41										
	Quarterly Medicaid CMA Allowed Per Diem		\$228.87	\$117.41		\$19.83	\$24.87		\$22.14	\$2.99	\$36.35	\$5.28		
	Quarterly Per Diem Add-On Amounts													
	BIMS Add-on Per Diem = 0.0% to Routine Svcs)		\$0.00	\$0.00										
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$2.35	\$2.35										
	Nursing Home Provider Fee		\$17.10						17.10					
	Total Quarterly Per Diem Add-On Amounts		\$19.45											
	Quarterly Case Mix Based Per Diem Rate		\$248.32	\$119.75		\$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%	\$173.41												