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Provider	5 · · · · ·	Revised Rate	Revised Rate	Leave/BH Rate
Number	Provider Name	Effective	Effective	Effective
		10/01/2019	10/01/2019	10/01/2019
		Loc (S)	LOC (M)	LOC (L)
00493292A	A.G. Rhodes Home - Cobb, Inc.	251.87		176.08
00040818A	A.G. Rhodes Home at Wesley Woods, Inc.	243.52		169.82
00140005A	A.G. Rhodes Home, Inc.	239.04		166.46
00083025A	Abercorn Rehabilitation Center	195.87		134.08
003185378A	Advanced Health and Rehab of Twiggs County	230.08		159.73
00140027A	Altamaha Healthcare Ctr.	147.00		97.43
00140049A	Amara Healthcare & Rehab.	166.06		111.72
00140379A	Anderson Mill Health & Rehab	197.03		134.95
003136416A	Ansley Park Health & Rehab Center	248.77		173.75
00140093A	Appling Nursing and Rehab Pavillion	219.63		151.90
003185502A	Archway Transitional Care Center	226.94		157.38
00143162A	Arrowhead Healthcare	193.66		132.42
00140159A	Autumn Breeze Health Care Ctr	184.74		125.73
00082992A	Autumn Lane	252.79		176.77
00142084A	Avalon Hlth. & Rehab	217.06		149.97
00059441A	Azalea Health & Rehab	176.44		119.51
00141963A	Azalea Health & Rehabilitation	173.69		117.44
00141886A	Azalea Trace Nursing Home	203.48		139.79
00141237A	Azalealand Nursing Home	251.27		175.63
00258915A	Bainbridge Health Care	171.86		116.07
00140203A	Baptist Village, Inc.	208.51		156.38
00624951A	Bayview Nursing Home	189.81		129.53
00143382A	Berrien Nursing Center	186.91		127.36
00142722A	Blue Ridge Healthcare of Buchanan	182.81		124.28
00059485A	Bolingreen Health & Rehab	185.01		125.93
00140357A	Bonterra Nursing Center	171.86		116.07
003192286A	Bostick Nursing Center	201.53		138.32
00140071A	Brentwood Health & Rehab	166.63		112.15
00140643A	Brian Center of Canton	187.76		128.00
00706813A	Briarwood Health & Rehab Center	198.95		136.39
00140412A	Brightmoor Health Care, Inc.	244.43		170.50
00059562A	Brown Health and Rehab	202.49		139.04
00140434A	Brown's Healthcare	154.25		102.86
00715569A	Bryan County Health & Rehab Ctr	199.44		136.76
00142601A	Bryant Health & Rehab. Ctr, Inc	174.00		117.68
003167547A	Budd Terrace at Wesley Woods	190.68		130.19
00140577A	Calhoun Health Care Center	170.06		114.72
00140478A	Calhoun Nursing Home	210.81		145.28
00366341A	Camellia Gardens of Life Care	165.18		111.06

				Revised
Provider		Revised Rate	Revised Rate	Leave/BH Rate
Number	Provider Name	Effective	Effective	Effective
Number		10/01/2019	10/01/2019	10/01/2019
		Loc (S)	LOC (M)	LOC (L)
00140588A	Camellia Hlth & Rehab	173.59	()	117.37
00870911A	Candler Hospital Sub-Acute Unit	236.73		164.72
00140511A	Canton Nursing Center, Inc.	191.95		131.14
00140852A	Carrollton Manor, Inc.	179.70		121.95
00059661A	Carrollton Nursing and Rehab Center	219.98		152.16
00143085A	Cartersville Heights Care and Rehab	163.54		109.83
00140544A	Cedar Springs Health and Rehab Center	167.38		112.71
00142557A	Cedar Valley Nursing and Rehab Center	199.38		136.71
00059694A	Chaplinwood Health & Rehab	183.43		124.75
00209778A	Chatsworth Health Care Center	188.49		128.54
00143338A	Chatuge Regional Nursing Home	207.04		142.46
003165720A	Chelsey Park H&R	265.94		186.63
00413509A	Cherry Blossom Health Care	220.53		152.57
00228049A	Chestnut Ridge Nursing & Rehabilitation Center	189.53		129.32
00158034A	Christian City Convalescent Center, Inc.	196.05		147.04
00143437A	Chulio Hills Health and Rehab Center	196.56		134.60
00140467A	Church Home Rehab & Healthcare	211.91		146.11
00142106A	Clinch Health Care	147.00		97.43
00856028A	Coastal Manor	228.13		158.27
00142711A	Cobblestone Rehab and Healthcare Center	187.90		128.10
00140654A	College Park Health Care Center	174.66		118.17
00220448A	Comer Health and Rehab	189.72		129.47
00141138A	Comfort Creek NRC of Wadley	169.94		114.63
00059826A	Cook Senior Living Center	187.68		127.94
00059892A	Cordele Health & Rehab	224.96		155.90
00141666A	Countryside Health Center	165.50		111.30
00141523A	Covenant Dove- Macon	231.84		161.06
00273567A	Crestview Nursing Facility	170.03		127.52
00274128A	Crisp Regional Nursing and Rehab Ctr	219.19		151.57
00142502A	Cross View Care Center	161.91		108.61
00140302A	Cumming Nursing Center	229.14		159.03
000815493B	D. Scott Hudgens Center for Skilled Nursing	223.74		154.98
00142865A	Dade Health and Rehab Center	180.56		122.60
00140808A	Dawson Health & Rehab	182.20		123.83
00059452A	Decatur Health and Rehab Ctr	187.56		127.85
00395161A	Delmar Gardens of Gwinnett, Inc.	202.65		139.16
00296271A	Delmar Gardens of Smyrna	190.55		130.09
00141083A	Douglasville Nursing and Rehab Ctr.	186.60		127.13
00059947A	Dublinair Health & Rehab Center	181.11		123.01

Provider Number	Provider Name	Revised Rate Effective 10/01/2019	Effective 10/01/2019	Revised Leave/BH Rate Effective 10/01/2019
		Loc (S)	LOC (M)	LOC (L)
00815295A	Dunwoody Health and Rehab Ctr	247.36		172.70
00143151A	Eagle Health	224.99		155.92
00140874A	Early Memorial Nursing Home	174.05		117.71
00140137A	East Lake Arbor	206.59		142.12
00141974A	Eastman Healthcare	166.24		111.86
00140885A	Eastview Nursing Home	164.17		110.30
00223473A	Eatonton Health & Rehabilition Center	174.05		117.71
00140907A	Effingham Extended Care Facility	216.48		149.54
00140918A	Elberta Health Care	184.40		125.48
00140929A	Emanuel Medical Center Nursing Home	219.25		151.61
00142766A	Etowah Landing Care and Rehab	168.82		113.79
835154999A	Evergreen Health and Rehab	183.94		125.13
835154999A	Evergreen Health and Rehab	182.84		124.31
00173071A	Fairburn Health Care Center	170.70		115.20
00140984A	Fifth Avenue Health Care	182.04		123.71
00207083A	Florence Hand Home	214.46		148.02
00141006A	Folkston Park Care and Rehab	159.78		107.01
00140599A	Fort Gaines Healthcare, LLC	182.13		123.77
00141028A	Fort Valley Nursing Ctr.	159.56		106.85
00405292A	Four County Health Care Center	173.87		117.58
00143074A	Fox Glove Court Care and Rehab	177.84		120.56
00141567A	Friendship Health and Rehab Center	183.77		125.00
00140786A	Gateway Health and Rehab Center	172.54		116.58
00141116A	Gibson Health & Rehabilitation Center	184.40		125.48
003214231A	Glen Eagle Healthcare & Rehab	232.70		161.70
00141149A	Glenn-Mor Nursing Home	200.29		137.39
00141171A	Glenvue Nursing Home	236.39		164.47
00220514A	Glenwood Health and Rehab Center	176.29		119.39
701562744A	Glenwood Healthcare	171.05		115.46
00142975A	Gold City Health and Rehabilitation Ctr	148.10		98.25
00202848A	Gordon Health Care Center	187.15		127.54
00083267A	Grace Health Care of Tucker	186.01		126.68
00141182A	Gracemore Nursing Center	178.53		121.07
00141226A	Grandview Health Care Center	210.72		145.22
00083014A	Green Acres Health & Rehab	195.30		133.65
00142634A	Greene Point Healthcare	191.95		131.14
00781382A	Gwinnett Extended Care Center	232.95		161.89
00141292A	Habersham Home	210.52		145.07
00141325A	Haralson Nursing and Rehab Center	168.89		113.84

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Provider		Revised Rate	Revised Rate	Leave/BH Rate
Number	Provider Name	Effective	Effective	Effective
T talling of		10/01/2019	10/01/2019	10/01/2019
		Loc (S)	LOC (M)	LOC (L)
00142447A	Harborview Health Systems - Pierce	244.08		170.24
00142755A	Harborview Health Systems - Satilla	242.66		169.17
00140621A	Harborview Health Systems - Thomaston	192.55		131.59
00141611A	Harborview Health Systems of Jesup	168.69		113.69
003165726A	Harrington Park	247.46		172.77
00167857A	Hart Care Center	180.21		122.33
00141413A	Hartwell Health and Rehabilitation	202.53		139.07
00059705A	Hazlehurst Court Care and Rehab	150.30		99.90
00082981A	Heardmont Nursing Home	188.42		128.49
00141358A	Heart of Georgia	227.83		158.05
00141017A	Heritage Healthcare -Forsyth, LLC	186.68		127.19
00141215A	Heritage Healthcare -Grandview, LLC	196.48		134.54
00143613A	Heritage Inn of Barnesville	182.10		123.75
00142678A	Heritage Inn of Sandersville	187.56		127.85
00142161A	Heritage Inn of Statesboro	187.21		127.58
00212814A	High Shoals Health & Rehabilitation	211.95		146.14
00448456A	Hill Haven Nursing Home	185.46		126.27
00142689A	Jesup Health Care	181.64		123.41
00141633A	Joe-Ann Burgin Nursing Center	190.08		129.74
00531033A	Jonesboro Nurs. & Rehab Ctr.	181.40		123.23
00143426A	Kentwood	235.96		164.15
00141655A	Keysville Nursing Home and Rehab Ctr	177.33		120.17
00399737A	Lafayette Nursing & Rehab Center	214.98		148.41
00270245A	LaGrange Nurs, & Rehab. Ctr.	167.00		112.43
00141699A	Lake City Nursing & Rehab Ctr.	167.49		112.79
00403939A	Lake Crossing Heath Care	168.09		113.24
00141732A	Lakeland Villa Convalescent Center	228.67		158.68
00712665A	Lee County Health Care	202.08		138.74
00141831A	Legacy Nursing Home	178.33		120.92
00415522A	Legacy Nursing Home	239.81		167.03
00370873A	Life Care Center of Gwinnett	195.36		133.70
00818914A	Life Care Center of Lawrenceville	213.47		147.28
00140665A	Life Care Center, Inc.	147.00		97.43
00142524A	Lillian G. Carter Nursing Center	172.71		116.71
00270256A	Lumber City Nurs. & Rehab. Ctr.	158.52		106.07
00083036A	Lynn Haven Health & Rehab	230.69		160.19
00083278A	Madison Hlth & Rehab	198.44		136.01
00083047A	Magnolia Manor Columbus East	202.26		138.87
00083124A	Magnolia Manor Columbus West	182.33		123.92

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5		Revised Rate	Revised Rate	
Provider	Provider Name	Effective	Effective	Effective
Number		10/01/2019	10/01/2019	10/01/2019
00141809A	Magnelia Maner Marien County	Loc (S) 212.94	LOC (M)	LOC (L) 146.88
00141609A 00040785A	Magnolia Manor Marion County	181.23		135.92
00040765A 00141402A	Magnolia Manor Methodist Nursing Care Magnolia Manor St. Simons	211.43		145.75
00141402A 00159266A	Manor Care Rehab Ctr of Decatur	186.08		126.74
00139200A 00236211A	Manor Care Rehab Ctr of Marietta	223.20		154.58
00534619A	Maple Ridge Health Care Center	216.35		149.44
00141853A	McRae Manor Nursing Home	191.63		130.90
00141864A	Meadowbrook Healthcare	206.28		141.89
003167911A	Meadows Park H&R	259.26		181.62
00141941A	Medical Management H & R	147.00		97.43
00141919A	Memorial Manor Nursing Home	195.65		133.91
00141996A	Miller Nursing Home	221.74		153.48
00141578A	Miona Geriatric & Dementia Ctr	187.76		128.00
00142018A	Mitchell Convalescent Center	201.91		138.61
00142029A	Molena Nursing Home, Inc.	173.52		117.32
00142062A	Montezuma Health & Rehab	198.28		135.89
00143184A	Mountain View Health and Rehab Center	153.51		102.31
00083223A	Muscogee Manor & Rehab Center	239.77		167.00
00141336A	Nancy Hart Nursing Center	160.45		107.51
00083146A	National Health Care of Rossville	183.21		124.58
00141072A	New Horizons Lanier Park	225.41		156.23
00142007A	New Horizons Limestone	212.80		146.78
00494139A	New London Health Center	184.57		125.60
00040719A	Newnan Hosp. Health & Rehab Ctr	215.72		148.97
00344759A	NHC of Fort Oglethorpe	189.99		129.67
00426214A	Northeast Atlanta H & R Ctr.	210.92		145.37
00059331A	Northridge Hlth & Rehab Ctr	202.54		139.08
00142183A	Nursecare of Buckhead	188.95		128.89
00142249A	Oak View Home - Waverly Hall	175.99		119.17
00142238A	Oakview Health & Rehab Center	209.58		144.36
003188970A	Oceanside Health & Rehab - Tybee	222.43		154.00
00142293A	Oconee Health & Rehab	211.96		146.15
00947658A	Oconee Regional SNF	315.17		223.55
00142656A	Orchard Health and Rehab	175.59		118.87
00142117A	Orchard View Rehab & Skilled NC	208.45		156.34
00143316A	Oxley Park Health & Rehab	195.12		133.52
00142326A	Palemon Gaskins Nursing Home	223.64		154.91
00002164A	Park Place Nursing Facility	186.59		127.12
00141127A	Parkside Ellijay	210.27		144.88

Provider Number	Provider Name	Revised Rate Effective 10/01/2019 Loc (S)	Revised Rate Effective 10/01/2019 LOC (M)	Revised Leave/BH Rate Effective 10/01/2019 LOC (L)
00142425A	Pelham Parkway Nursing Home	181.74	123.48	
00142458A	Pine Knoll Nursing and Rehab Center	200.61		137.63
00083135A	Pinehill Nursing Center	196.10		134.25
00142513A	Pinewood Manor Nursing Home	147.00		97.43
00142205A	Pinewood Nursing Ctr	174.90		118.35
00142546A	Pleasant View Nursing Center	147.00		97.43
00222582A	Porter Field H & R Ctr, LLC	166.66		112.17
00530824A	Powder Springs Nurs. & Rehab. Ctr.	184.21		125.33
00141281A	Premier Estate of Dublin	180.13		122.27
00142579A	Presbyterian Home, Quitman, Inc.	204.73		153.55
00362832A	Presbyterian Village, Inc.	223.81		167.86
00142623A	Providence Healthcare of Sparta	211.01		145.43
00142612A	Providence Healthcare of Thomaston	160.34		107.43
00265196A	Pruitt Covington	215.08		148.49
00143569A	Pruitt Health - Washington	190.23		129.85
00140104A	PruittHealth - Ashburn, LLC	191.58		130.86
00141391A	PruittHealth - Athens Heritage, LLC	202.62		139.14
00059463A	PruittHealth - Augusta	196.26		134.37
00059276A	PruittHealth - Austell	211.41		145.73
00140973A	PruittHealth - Blue Ridge, LLC	180.07		122.23
00140115A	PruittHealth - Brookhaven	235.98		164.16
00140764A	PruittHealth - Crestwood	195.04		133.46
00252942A	PruittHealth - Decatur	230.22		159.84
00142997A	PruittHealth - Fairburn, LLC	225.22		156.09
00214695A	PruittHealth - Fort Oglethorpe	190.02		129.69
00141039A	PruittHealth - Franklin, Inc	189.02		128.94
00143052A	PruittHealth - Griffin, LLC	195.57		133.85
00141721A	PruittHealth - Lakehaven	203.19		139.57
00140456A	PruittHealth - Lanier	195.88		134.09
00252007A	PruittHealth - Magnolia Manor	249.97		174.65
00140269A	PruittHealth - Millen	191.02		130.44
00141468A	PruittHealth - Monroe, LLC	205.26		141.12
00142095A	PruittHealth - Moultrie	204.91		140.86
00142304A	PruittHealth - Old Capitol	165.70		111.45
00142337A	PruittHealth - Palmyra	171.44		128.58
00143327A	PruittHealth - Peake, LLC	216.66		149.67
00238323A	PruittHealth - Savannah	243.05		169.47
00142964A	PruittHealth - Shepherd Hills, LLC	176.83		119.80
00143173A	PruittHealth - Sunrise, LLC	180.90		122.85

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Provider		Revised Rate	Revised Rate	Leave/BH Rate
Number	Provider Name	Effective	Effective	Effective
Number		10/01/2019	10/01/2019	10/01/2019
		Loc (S)	LOC (M)	LOC (L)
00143195A	PruittHealth - Swainsboro, LLC	193.73	200 ()	132.47
00409494A	PruittHealth - Toomsboro, LLC	200.48		137.54
00141369A	PruittHealth - Valdosta	207.85		143.06
00140401A	PruittHealth - Virginia Park	235.89		164.09
00256088A	PruittHealth - West Atlanta	207.58		142.86
00245055A	PruittHealth Augusta Hills	210.48		145.04
00140687A	PruittHealth- Eastside	201.21		150.91
00140995A	PruittHealth- Fitzgerald	210.05		144.71
00141479A	PruittHealth -Holly Hill	199.00		136.43
00142436A	PruittHealth -Jasper	207.22		142.59
00254394A	PruittHealth -Lafayette, LLC	208.75		143.74
00145527A	PruittHealth -Lilburn, LLC	198.83		136.30
00141908A	PruittHealth -Macon, LLC	215.99		149.17
00202507A	PruittHealth- Marietta	236.66		164.67
00142315A	PruittHealth- Ocilla	213.25		147.11
299031876A	PruittHealth- Rome	222.32		153.92
00143096A	PruittHealth -Spring Valley, LLC	204.23		140.35
00143206A	PruittHealth- Sylvester	183.57		124.85
00143305A	PruittHealth -Toccoa, LLC	178.35		120.94
00140038A	PruittHealth-Greenville	178.09		120.74
00370851A	Quiet Oaks Health Care Center	193.78		132.51
00150279A	Quinton Memorial Health Care	205.21		141.08
00837207A	Regency Park Health Care	220.59		152.62
00143283A	Rehabilitation Center of South Georgia	207.11		142.51
321026473A	Reliable Health and Rehab	195.64		133.91
00141754A	Renaissance Care and Rehab Center	167.60		112.88
00238741A	Resorts at Pooler	184.80		125.78
00142744A	Ridgewood Manor Nursing Home	203.92		140.12
00082684A	River Towne Center	174.30		117.90
00083289A	Riverdale Place Care and Rehab	151.31		100.66
00140346A	Riverside Health & Rheab of Thomaston	208.61		143.63
00140324A	Riverside Healthcare Center	165.43		111.25
00040741A	Riverview Health & Rehab	223.02		154.44
00142777A	Roberta Health Care	147.00		97.43
00838252A	Rockdale Healthcare	190.87		130.33
003182988A	Rockmart Health	214.07		147.73
00140753A	Rome Health and Rehab	197.01		134.93
00083311A	Rose City Health and Rehab Ctr	180.21		122.33
00831751A	Roselane Health and Rehab Center	212.16		146.30

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Provider		Revised Rate	Revised Rate	Leave/BH Rate
Number	Provider Name	Effective	Effective	Effective
Number		10/01/2019	10/01/2019	10/01/2019
		Loc (S)	LOC (M)	LOC (L)
00587331A	Rosemont at Stone Mountain	195.53	()	133.82
00142942A	Ross Memorial Health Care Center	198.88		136.34
00141248A	Roswell Nursing & Rehab Ctr	236.32		164.42
00141842A	Sadie G. Mays Health & Rehab Center	180.45		135.34
00142876A	Savannah Beach Nursing & Rehab Center	191.11		130.51
00169199A	Scepter Health & Rehab	203.53		139.82
00141644A	Scott Health & Rehabilitation	189.24		129.11
00142898A	Sears Manor	195.88		134.09
00142909A	Seminole Manor Nursing Home	204.65		140.66
00143129A	Senior Care Ctr St. Marys	204.44		140.51
000830827B	Senior Care CtrBrunswick	205.36		154.02
00142986A	Signature HC - Marietta	218.98		151.41
00040763A	Signature HC of Buckhead	227.34		157.68
00083157A	Signature Healthcare of Savannah	183.86		125.07
00143008A	Smith Medical Nursing Care Center	147.00		97.43
00143041A	Social Circle Nursing and Rehab Center	232.11		161.26
00143558A	Southland Healthcare & Rehab Ctr.	147.53		97.82
00409054A	Southland Nursing Home	228.48		158.54
00143063A	Sparta Health & Rehab	169.15		114.04
00851243A	St. Joseph's Transitional Care Unit	224.56		155.60
03143404A	Stevens Park	227.59		157.87
00142139A	Summerhill Elderliving Home	208.93		143.87
00040796A	Syl-View Health Care Center, Inc.	164.34		110.43
00727801A	Tara at Thunderbolt Nursing & Rehab Center	181.31		123.16
00143228A	Tattnall Nursing, LLC	147.00		97.43
00432924A	Taylor County Health Care	195.67		133.93
00059397A	The Bell-Minor Home, Inc.	183.38		124.71
00083102A	The Center for Advanced Rehab @ Parkside	243.24		169.61
00421429A	The Fountainview Ctr for Alzheimer's Disease	233.48		162.29
00142381A	The Lodge	259.90		182.10
00140258A	The Oaks - Bethany (Vidalia)	192.57		131.60
00141743A	The Oaks at Limestone, LLC	219.98		152.16
00178307A	The Oaks at Scenic View	217.06		149.97
00142271A	The Oaks Nursing Home, Inc.	205.27		141.13
00140126A	The Oaks of Athens	242.35		168.94
00140181A	The Oaks of Carrollton	207.80		143.03
00141589A	The Place at Deans Bridge	184.35		125.44
00142535A	The Place at Martinez	201.90		138.60
00142733A	The Retreat Nursing Home	203.69		139.94

		Revised Rate	Pavisad Pata	Revised Leave/BH Rate			
Provider	Provider Name						
Number	, , , , , , , , , , , , , , , , , , , ,	Effective	Effective	Effective			
		10/01/2019	10/01/2019	10/01/2019			
000776044	Thomasville Nurs. & Rehab. Ctr.	Loc (S) 174.23	LOC (M)	LOC (L)			
00277604A 00143261A	Thomson Health & Rehab	174.23		117.85 118.83			
00143291A 00143294A							
	Tifton Health and Rehab Center Tower Road Healthcare	194.14		132.78			
00083003A 00404995A	Townsend Park H & R	214.60 201.37		148.13 138.20			
00404995A 00143701A	Traditions Health & Rehab	185.32		138.99			
00143701A 00143349A				129.36			
	Treutlen County Health & Rehab Twin Fountains Home	189.58					
00142843A		177.73		120.47			
00143393A	Twin Oaks Convalescent Center	214.80		148.28			
00040807A	Twin View Health Care	147.00		97.43			
00143415A	Union County Nursing Home	209.19		144.07			
00140533A	University Nursing and Rehab Center	218.42		150.99			
00908553A	UPAC - Laurel Park	234.66		163.17			
00142931A	Vista Park	236.83		164.80			
00141952A	Warm Springs Med. Ctr. NH	179.58		121.86			
00141303A	Warner Robins Rehab & Nursing Center	176.91		119.86			
00142645A	Warrenton Health and Rehabilitation Center	188.67		128.68			
00143481A	Washington County ECF	200.89		137.84			
00143459A	Waycross Health & Rehabilitation Center	175.65		118.91			
00142359A	WellStar Paulding Nursing Center	180.23		135.17			
00143503A	Westbury H & R - Conyers, Inc	213.42		147.24			
00143525A	Westbury H & R-McDonough, Inc	209.32		144.17			
00143514A	Westbury Medical Care Home, Inc.	192.53		131.57			
00140082A	Westminister Commons	192.25		131.36			
00143536A	Westview Nursing & Rehab Center	177.32		120.17			
00219359A	Westwood (University Extended Care)	211.32		145.67			
00370862A	Westwood Nursing Center	170.51		115.06			
00143547A	Wildwood Health Care, Inc.	206.70		142.20			
00040752A	William Breman Jewish Home	225.66		156.42			
00271829A	Willowwood Nursing Center	147.00		97.43			
00241678A	Windemere Health & Rehab	186.29		126.89			
00142854A	Winder Nursing, Inc.	174.45		118.01			
00143118A	Winthrop Manor Nursing Center	197.95		135.64			
00143591A	Wood Dale Health Care Center	187.52		127.82			
00141985A	Woodlands Health & Rehab Ctr.	147.00		97.43			
00171212A	Woodstock Nursing and Rehab Center	240.46		167.52			
00143602A	Wrightsville Manor	177.12		120.02			
00141512A	Wynfield Park Health & Rehab	234.23		162.85			
003125041B	Zebulon Park Health & Rehab	245.57		171.35			

	ovider: A.G. Rhodes Home - Cobb, Inc. odr ID: 00493292A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	10/1/2019		owth Allowance: trly BIMS score	36.4%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4016 1.6513 1.6823	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a cons	ь.	c	essed esse	::::::::::::::::::::::::::::::::::::::	significacia	50000 g 150000	g	positivity has great	3.3.1 <u>1</u>
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	ŧ .	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50,0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,531,009	\$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

1	rovider: A.G. Rhodes Home at Wesley Woods, Inc.		Add-on Data and		Facility Score	Add-on Percent	Cas	se Mix Index ((_	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 Qtrly BIMS score 5		N/A 54.9% 4.29	13.37% 5.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:			1,4319 1,5685 1,5982	1.3617 1.4446 1.4694		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	minulia bilinga a	C.	d	e	(1944) f locate	g	g	ricogo hojogo s	andy i are a
C	ASE MIX BASED RATE CALCULATIONS					aran aran aran aran aran aran aran aran						
_				_								
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,715,572	\$5,648,350	\$0	\$886,922	\$693,869	\$711,087	\$2,309,540	\$0	\$465,804	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$248,833)	(\$97,239)	\$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	51,611									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,690	FY 18 GL-PL Ins Rpt Days								48,690		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$202.80	\$107.56	\$0,00	\$16.71	\$27.37	(with L&H)	\$41.65	\$0.00	\$9.25	\$0.26
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4319</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$75.12	\$0.00	\$16.71	\$27.37		\$41,65	\$0,00	\$9.25	\$0.26
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.05	\$71,51	\$0,00	\$16.71	\$23.09		\$20.56	\$0,00	16.92 (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 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5982</u>								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18. AllOthr = Ln 16	\$215.18	\$129.57 \$129.57	\$0.00	\$18.94	\$26,18	\$0.00	\$23.31	\$0.00	\$16.92	\$0,26
	additions included a distribution of the distr	110 - Eli 10, Pelodii - Eli 10	\$215.16	\$125.57	\$0.00	\$10.54	\$20,10	30,00	\$23.31	\$0.00	\$10.92	\$0.∠0
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0,00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.13	\$7.13								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.34	\$11,02	\$0,00	\$0.22	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$243.52	\$140.59	\$0.00	\$19.16	\$26.18	\$0.00	\$40.41	\$0.00	\$16,92	\$0.26
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$169.82									

Provider: A.G. Rhodes Home, Inc. Prvdr ID: 00140005A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score		Add-on Percent 13.37% 5.5% 3.0%		Quarterly M	CMI) Data I Overall CMI; Vedicaid CMI: Vght Options:		Facility <u>Specific</u> 1.3781 1.5023 1.5287	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		in a ment	retired b	::::::c::/:::::	i d	eiiiii	ologija f igurala	g	eineng men	distribuish h bissis ser	emaga i e
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0,37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,365,897	\$5,035,907	\$0	\$990,199	\$597,278	\$675,204	\$1,741,911	\$0	\$325,398	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$319,525)	(\$199,152)	\$0	(\$2,647)	\$12,487	(\$3,293)	(\$125,005)		(\$15,506)	\$13,591
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,046,372	\$4,836,755	\$0	\$987,552	\$609,765	\$671,911	\$1,616,906	\$0	\$309,892	\$13,591
8 Total Nursing Facility Days As Filed Days = 47,821	FY12 Audited C/R Days	47,833									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,335	FY 18 GL-PL Ins Rpt Days								47,335		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1.3781								İ
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tn 9 / tn 10		\$73,38								
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$73.38	\$0.00	\$20,65	\$26.79		\$33,80	\$0.00	\$6.48	\$0.28
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.68	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	16.83 (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 + En 15	\$168.54	\$81.07	\$0.00	\$20.87	\$26.18	\$0,00	\$23,31	\$0.00	\$16.83	\$0.28
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents 18 Qrtrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End Ln 16 x Ln 17		1.5287								
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$211,40	\$123,93 \$123.93	\$0,00	\$20.87	\$26,18	\$0.00	\$23.31	\$0.00	\$16.83	\$0.28
			. /					,		,	,
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Stnd - Alwa x .75, up to max, or 0)	(see Policy Manual)	\$0,00	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.82	\$6,82	40.00	\$5.55	\$0.00	Ψ0.00	V 0.00		\$5.50	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,72	\$3,72								
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	\$27.64	\$10.54	\$0.00	\$0.00	\$0,00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.04	\$134.47	\$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	\$166.46							t 1	1	

E .	rovider: Abercorn Rehabilitation Center		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index ((CMI) Data		Facility Specific 1.5995	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p	-	trly BIMS score		0.0% 2.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI: Wght Options;		1.5995 1.5569 1.5854	1,3617 1,4446 1,4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a na	griffic b arriers	agair c aide	d		Goji am f ycolodd	ellerig medi.	g		• j
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		90,0% 100,0%	90.0% 100.0%	90,0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Emciency measure maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	40,000,000	\$2,904,219	\$0	\$532,761	\$179,542	\$310,536		\$101,378	\$157,147	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$396,995)	(\$13,441)	\$0	(\$592)	\$4,040	\$5,215	(\$395,753)	2404.070	(\$63,055)	\$66,591
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 32,214	FY12 Audited C/R Days	\$5,198,793 32,214	\$2,890,778	\$0	\$532,169	\$183,582	\$315,751	\$1,014,452	\$101,378	\$94,092	\$66,591
ľ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,185	FY 18 GL-PL Ins Rpt Days	32,214							30,185		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$161.60	\$89,74	\$0.00	\$16.52	\$15.50	(with L&H)	\$31.49	\$3.36	\$2.92	\$2,07
10	Base Period Facility Case Mix Index for All Residents	from 4 girs of FY12	\$101.00	1.5995	\$5.00	\$10,02	\$10.00	(\$01.45	\$0.00	VZ.JE	Ψ2,01
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$56.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOlhr = £n 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	V 2.0.
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 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc % Ln 14 + £n 15	\$14.53	\$7.50	\$0.00	\$2.21	\$2.07	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Otr End	\$138.35	\$63.61	\$0.00	\$18.73	\$17.57	\$0.00	\$23.31	\$3.36	\$9.70	\$2.07
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.5854</u> \$100,85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.59	\$100,85 \$100,85	\$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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2,02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20,28	\$2,55	\$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	\$195.87	\$103.40	\$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	\$134.08									

Quarterly Case Mix Per Diem Calculation

FINAL

					Facility	Add-on	***					Facility	State-
Pr	ovider: Advanced Health and Rehab of Twiggs County		Add-on E	ata and Percentages	Score	Percent		Case Mix Index	(CMI) Data			Specific	wide
	vdr ID: 003185378A			Growth Allowance:	N/A	13.37%		Base Per	nod Overall CMI:			Use Stwd	1.3617
''	H/B 7: No Case Mix Per Diem Rate Effective Date:	10/01/19		BIMS:	22.3%	1.0%		Quarter	ly Medicaid CMI:			1.6024	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:		urse Hours per On-Si	te Day/Quality Incentive:	3.59	1.0%	Orldy M		G Wght Options:			1.6341	1.4694
	MIDO & Muise i lis Data per Quarter Enumg.	00/00/10	arac ribara per Gir-er	to Dujradamy moontro.	0.00	1.070	a.i.i, ii		o rigin options.				
				Routine	Special		Laundry &	Plant	Admin	A 8.C	S- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskpag	Operains	and		urance	and	and
#	Description	Calculations		Octatoca	Gerrices		riouskprig	& Maint	General		MISING	Related	Insurance
	•		a	b	C	đ	e	f	g	<u> </u>		h	i
CA	SE MIX BASED RATE CALCULATIONS				,				•			ı	
	Cost Center Peer Groups per Selected Options		1	1	1	2	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities				
1	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes				
-	Peer Group Standards & Efficiency Measure Limits									1			1
	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									1			į
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt	:				i	ļ		\$	54,437		
ļ	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt									26,482		i
	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Lim	it	\$71.51	1	\$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
1	Growth Allowance 13.4%		\$16.97	\$9,08		\$2.34	\$2.93	;	\$2,61	ı			
	CMA Allowed Per Diem (After Growth Alowance)		\$161,63	\$77.01	1	\$19.83	\$24.87	ł	\$22.14	\$	2,06	\$15.71	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents			1,6341						1		(FRV Rate)	1
	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$125.85		1						` ,	
			\$210.46	\$125.85		\$19.83	\$24.87		\$22,14		\$2.06	\$15.71	\$0.00
	Quarterly Medicaid CMA Allowed Per Diem		\$210.40	\$125.65		\$19.03	\$24.07		Ψε.ε. ι-τ		42,00	\$10.71	\$0.00
	Quarterly Per Diem Add-On Amounts					1		1					1
	BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$1.26	\$1.26				1		1			
	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0%		\$1.26	\$1.26					47.40				ł
1	Nursing Home Provider Fee		\$17.10			1	1	1	17.10				1
L	Total Quarterly Per Diem Add-On Amounts		\$19.62		<u> </u>	<u> </u>				 			
	Quarterly Case Mix Based Per Diem Rate		\$230,08	\$128.36	ļ	\$19.83	\$24.87	 	\$39.24	1	\$2.06	\$15.71	\$0.00
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$159.73			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ᆚ			

Provider Prvdr ID		10/1/2019		wih Allowance: trly BIMS score	Facility Score N/A 33.3% 2.56	Add-on Percent 13.37% 2.5% 3.0%			Overall CMI; redicaid CMI;		Facility <u>Specific</u> 1.4937 1.3273 1.3471	State- wide 1.3617 1.4446 1.4694
Line .	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	c	, d	ė	f	9	g	h	1
CASE	MIX BASED RATE CALCULATIONS											
	t Center Peer Groups	(see Policy Manual)		1	1	,	1	1	1			
1 Cos	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
ŀ	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Pee	r Group Standards & Efficiency Measure Limits											
2 Pe	eer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
	eer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0,22	100.0% \$0.41		105.0% \$0.37			
4 E	ficiency Measure Maximums (see line 20 for actual)	(see rollcy Mailua)		50,55	\$0.00	\$0,22	ψ0.+ <i>1</i>		Ψ0,07			
Bas	e Period Per Diem Allowed Amounts											
5 As	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,496,153	\$1,307,867	\$0	\$260,953	\$160,233	\$150,961	\$442,827	\$12,964	\$160,348	\$0
	dit 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
- 1	ost 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
	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		
. 1	et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$115.03	\$59.39	\$0.00	\$11.85	\$14.13	(with L&H)	\$20.33	\$0,63	\$7.50	\$1.20
1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4937</u>								
	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$39.76							22.50	
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.76	\$0.00	\$11.85	\$14,13	***	\$20.33	\$0.63	\$7,50	\$1.20
	er Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14 Ba	ase 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
Она	arterly Per Diem Rate Prior to Add-ons										py	
1	rowth 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 CI	MA Alfowed Per Diern (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		<u>1.3471</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$60.73								
19 Q	uarterly Medicald CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$122.40	\$60.73	\$0.00	\$13,43	\$16.02	\$0.00	\$23.05	\$0.63	\$7.34	\$1,20
]				
	arterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.33	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.17		\$0.00	
	fficiency Add-on Per Diem ([SInd - Alwd] x .75, up to max, or 0) IMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$1.52	\$1.52	1	40.22	\$3,41	\$5.00	10.17			
1	urse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Strng Add-on	\$1.82	\$1.82	1							
1	ursing Home Provider Fee	(Fixed Amount)	\$17.10	1					\$17.10			
	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.77	\$3.87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.27		\$0.00	\$0.00
	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$144.17	\$64,60	\$0,00	\$13.65	\$16.43	\$9.00	\$40.32	\$0.63	\$7.34	\$1.20
			 					<u> </u>	1	<u> </u>		l
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Lπ 23) * 0.75	\$95.30									
27 Mini	mum Quarterly Case Mix Based Per Diem Rate		\$147.00									

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: Prvdr ID:	Amara Healthcare 00140049A	& Rehab. Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	Facility Score N/A 40.2% 3.29	Add-on Percent 13.37% 2.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtriy Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.1730 1.3099 1.3293	State- wide 1,3617 1,4446 1,4694
Line #	Description			rces / Totals Routine Services	Special Services	Dietary	Laundry & Plant Admin Operators and A&G-G Insural A Maint General	L-PL Property	Taxes and Insurance

Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	isiga b alawa	С	d	e	şduru f akili	g	g	ggaaaan h iniilaaa	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Ì	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105,0% \$0,37			
		(222, 210, 1111, 121,		00,00		******	5 0.+7		45.07			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,847,054	\$2,145,096	\$0	\$445,961	\$203,920	\$315,526	\$1,068,285	\$111,711	\$556,555	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$62,046)	\$57,914	\$0	\$0	\$3,067	\$4,746	(\$135,914)		(\$6,933)	\$15,074
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,785,008	\$2,203,010	\$0	\$445,961	\$206,987	\$320,272	\$932,371	\$111,711	\$549,622	\$15,074
8	Total Nursing Facility Days As Filed Days = 37,101	FY12 Audited C/R Days	37,101									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 35,067	FY 18 GL-PL Ins Rpt Days								35,067		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8 Co1a	\$129.15	\$59,38	\$0.00	\$12.02	\$14.21	(with L&H)	\$25.13	\$3.19	\$14.81	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1730</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$50,62								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50,62	\$0.00	\$12.02	\$14.21		\$25,13	\$3.19	\$14.81	\$0.41
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.67	\$50.62	\$0.00	\$12.02	\$14.21		\$20.56	\$3,19	10.66	\$0.41
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alfwnc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.3293								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.29								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.60	\$76.29	\$0.00	\$13.63	\$16,11	\$0.00	\$23.31	\$3.19	\$10.66	\$0,41
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.91	\$1.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.46	\$4,73	\$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	\$166.06	\$81.02	\$0,00	\$13.85	\$16.52	\$0.00	\$40,41	\$3.19	\$10.66	\$0.41
					1	ıİ		·	I	1		

\$111.72

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$0.00

\$0.00

\$8.86

\$0.00

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

- 1	Provider: Anderson Mill Health & Rehab Prvdr ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: ttrly BIMS score	30,7%	Add-on <u>Percent</u> 13,37% 2.5% 2.0%		Quarterly l	CMI) Data I Overall CMI; Medicaid CMI; Vight Options:		Facility <u>Specific</u> 1.4753 1.6244 1.6535	State- wide 1,3617 1,4446 1,4694
Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
::::			a	and balling	nasia Cairia	d	Minister et in the	in the famous	iiiiigi g	g	gradizaratic h aradistili r	in in it is in the interest of
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpi	\$8,774,777	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,742,505	\$411,887	\$1,246,383	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$338,220)	\$0	\$0	\$0	\$0	\$0	(\$338,220)		(\$56,913)	\$56,913
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,436,557	\$3,926,935	\$0	\$671,818	\$392,185	\$383,064	\$1,404,285	\$411,887	\$1,189,470	\$56,913
8	Total Nursing Facility Days As Filed Days = 50,357	FY12 Audited C/R Days	50,357			}						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,121	FY 18 GL-PL Ins Rpt Days								44,121		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$168.70	\$77.98	\$0.00	\$13.34	\$15.40	(with L&H)	\$27,89	\$9.34	\$23.62	\$1.13
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4753</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$52,86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52,86	\$0.00	\$13.34	\$15.40		\$27,89	\$9,34	\$23.62	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.49	\$52.86	\$0.00	\$13.34	\$15.40		\$20,56	\$9,34	8.86 (FRV)	\$1.13
	Quarterly Per Diem Rate Prior to Add-ons		İ								(1-144)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.66	\$7.07	\$0.00	\$1.78	\$2.06	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135.15	\$59.93	\$0.00	\$15.12	\$17.46	\$0,00	\$23.31	\$9.34	\$8.86	\$1.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.6535</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$99.09								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$174.31	\$99.09	\$0.00	\$15.12	\$17.46	\$0,00	\$23.31	\$9,34	\$8.86	\$1.13
	Quarterly Per Diem Add-on Amounts											

\$1.16

\$2.48

\$1.98

\$17.10

\$22.72

\$197.03

\$134.95

\$0.53

\$2.48

\$1.98

\$4,99

\$104.08

\$0.00

\$0.00

\$0.00

\$0.22

\$0.22

\$15.34

\$0.41

\$0.41

\$17.87

\$0,00

\$0.00

\$0.00

\$0.00

\$17.10

\$17,10

\$40.41

\$0.00

\$9,34

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

2.5% (to Routine Srvs)

20

21

22

23

24

25

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

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

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

Quarterly Case Mix Per Diem Calculation

FINAL

Case Miles Base	Provider: Ansley I Prvdr ID: 0031364 H/B ?: No	Park Health & Rehab Center M6A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 27.6% 4.81	Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data riod Overall CMI; ly Medicaid CMI; G Wght Options;		Facility Specific Use Stwd 1.4274 1.4518	State- wide 1.3617 1.4446 1.4694
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility Within Peer Group	Line .	Description		Totals			Dietary		Operatns	and		and	1
Cost Center Peer Groups per Selected Options Type of Facility within Peer Group All Facilities All Bed Sizes All Bed	" '			a	b	С	d	е	f	g		h	i
Qualiterity Case MIX Based Fel Dieti Nate	Cost Center P Type of Bed Size Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St Peer Group St GI-PL- Insur- Total Nursing Standard Per Allowed @ 9t Growth Allowed Quarterly Fac Qurity Routine Quarterly Fac Quarterly Me Quarterly Pe BIMS Add-or Nurse Staff t Nursing Hom Total Quarterly	eer Groups per Selected Options Facility within Peer Group It Range within Peer Group It Range within Peer Group It Range within Peer Group It Randards & Efficiency Measure Limits Istandards: Percentile Istandards: Multiplier It Randards: Multiplier It Rance Costs It Facility Days GL-PL Ins. Rpt It Diem (After CMA for Routine Srvcs) It Facility Days GL-PL Ins. Rpt It Diem (After CMA for Routine Srvcs) It Per Diem (After Growth Alowance) It Per Diem (After Growth Alowance) It Per Diem (After Growth Alowance) It Per Diem (After Growth Alowance) It Per Diem Add-On Amounts It Per Diem = 1.0% to Routine Srvs) It Per Diem = 1.0% to Routine Srvs) It Per Poiem = 3.0% It Per Poiem Add-On Amounts It Per Diem Add-On Amounts It Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt	\$16.97 \$192.41 \$227.20 \$1.12 \$3.35 \$17.10 \$21.57	90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.4518 \$111.81 \$111.81 \$1.12 \$3.35	90.0% 100.0% \$0.00	### All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	All Bed Sizes	\$50.0% \$105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14	\$ 3.02	\$39.71 \$39.71 (FRV Rate) \$39.71	\$5.82 \$5.82 \$5.82
		e Mix Based Per Diem Rate Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$173.75	\$248.77	\$116.28	ļ	\$19.83	\$24.87	 	\$39.24	\$3.02	\$39.71	\$5.62

	Appling Nursing and Rehab Pavillion odr ID: 00140093A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	24,1%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly I	CMI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.0796 1.0370 1.0501	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ojipada b ijiraan	Control	d	е	jidaga f ayayay	19:173: g :::::::	grisiin	<u> </u>	grangi naga
CA	ISE MIX BASED RATE CALCULATIONS						i					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$6,411,383	\$3,136,854	\$0	\$947,947	\$435,470	\$507,289	\$799,294	\$218,142	\$366,387	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,028)	\$0	\$0	\$0	(\$17,548)	(\$20,441)	(\$62,275)		(\$14,764)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,296,355	\$3,136,854	\$0	\$947,947	\$417,922	\$486,848	\$737,019	\$218,142	\$351,623	\$0
8	Total Nursing Facility Days As Filed Days = 36,305	FY12 Audited C/R Days	36,305									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,711	FY 18 GL-PŁ Ins Rpt Days				Ì				36,711		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$173.36	\$86.40	\$0.00	\$26.11	\$24.92	(with L&H)	\$20.30	\$5.94	\$9,69	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.0796</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80,03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$175.81	\$71.51	\$0.00	\$26,11	\$23.09		\$20.30	\$5.94	28.86 (FRV)	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(,,	
15	Growth Allowance Percentage = 13.37%	Lr. 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)	£n 14 + Ln 15	\$194.66	\$81,07	\$0.00	\$29,60	\$26.18	\$0.00	\$23.01	\$5.94	\$28.86	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.0501</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.13								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.72	\$85.13	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.19		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$20.91	\$3,40	\$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	\$219.63	\$88,53	\$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	\$151.90							·		

Quarterly Case Mix Per Diem Calculation

FINAL

1	ovider: Archway Transitional Care Center vdr ID: 003185502A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nu		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 43.2% 4.53	Add-on Percent 13.37% 2.5% 2.0%	***************************************	Quarter fcaid CMI w RU	riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.3212 1.3433	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	е	f	g		i h	<u>i</u>
CA:	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$156.95 \$16.97 \$178.75 \$205.18 \$2.59 \$2.07 \$17.10 \$21.76	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.3433 \$103.45 \$103.45 \$2.59 \$2.07	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14	\$ 4.83 \$4.83	\$24.20 \$24.20 \$24.20 (FRV Rate) \$24.20	
	Quarterly Case Mix Based Per Diem Rate		\$226.94	\$108.11		\$19.83	\$24.87		\$39.24	\$4.83	\$24.20	\$5.86
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pydr Fee) x 75%	\$157.38										

	ider: Arrowhead Healthcare 1 on 143162A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	owth Allowance: Utrly BIMS score	65.0%	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4860 1.8766 1.9131	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	en en billerige	c	d	inidiani e ngania.	date facts	and g	·iii giaii	si teoriego h essissos.	gjegose filori
CA	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$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 Adjstmts	(\$420,703)	(\$321,340)	\$0	(\$9,170)	(\$1,236)	\$20,697	(\$68,358)		(\$106,114)	\$64,818
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,051,766	\$2,508,637	\$0	\$509,544	\$364,193	\$328,588	\$703,965	\$34,098	\$537,923	\$64,818
8	Total Nursing Facility Days As Filed Days = 37,615	FY12 Audited C/R Days	37,615									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,491	FY 18 GL-PL Ins Rpt Days								38,491		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134,29	\$66,69	\$0.00	\$13.55	\$18.42	(with L&H)	\$18.72	\$0.89	\$14.30	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4860</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.88								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	\$14.30	\$1.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.53	\$44.88	\$0.00	\$13.55	\$18.42		\$18.72	\$0.89	9.35	\$1,72
0	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$12,77	\$6.00	\$0,00	\$1.81	\$2.46	\$0.00	\$2.50	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$120.30	\$50,88	\$0,00	\$15,36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.9131								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$166,76	\$97.34	\$0,00	\$15,36	\$20.88	\$0.00	\$21.22	\$0.89	\$9.35	\$1.72
	Quarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.35	\$5.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$26.90	\$8.80	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0,00
25 C	quarterly Case Mix Based Per Diem Rate	ln 19 + ln 24	\$193.66	\$106.14	\$0.00	\$15.58	\$21.29	\$0.00	\$38.69	\$0.89	\$9,35	\$1.72
26 C	auarterly Per Diem Rate for Bed Hold and Leave Days	(โภ 25 - โภ 23) * 0.75	\$132,42			1			J			

Provider;	Autumn Breeze Health Care Ctr		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID;	00140159A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1,2569	1,3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	28.0%	1.0%	Quarterly Medicaid CMI;	1.4080	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.03	3.0%	Ortrly Mozid CMI w RUG Wight Options:	1,4350	1.4694

	MD5 & Noise his Data per Quarter Ending.	. 00/30/19 Nuise ributs pe	r On-Site Day/Q	uality incentive:	3.03	3.0%	Qririy Mcaid	CMIWRUG	vvgnt Options:		1.4350	1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b b	С	d	inginistic e militarity	associ l (ppelle	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,659,915	\$2,871,125	so.	\$550,377	\$247,966	\$257,292	\$1,055,300	\$61,986	\$615,869	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$588,903)	(\$272,137)		(\$26,640)	\$609	\$4,521	(\$277,714)	1	(\$53,097)	\$35,555
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,071,012	\$2,598,988	so	\$523,737	\$248,575	\$261,813	\$777,586	\$61,986	\$562,772	\$35,555
8	Total Nursing Facility Days As Filed Days = 35,506	FY12 Audited C/R Days	35,532	. – ,					,			
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,023	FY 18 GL-PL Ins Rpt Days	-							33,023		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.84	\$73.14	\$0.00	\$14.74	\$14.36	(with L&H)	\$21.88	\$1,88	\$15.84	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		1.2569								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$58.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.57	\$58.19	\$0.00	\$14.74	\$14.36		\$20.56	\$1,88	8.84 (FRV)	\$1.00
	Quarterly Per Diem Rate Prior to Add-ons										(1.174)	
15	Growth Allowance Percentage = 13.37%	En 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 + En 15	\$133.99	\$65,97	\$0.00	\$16,71	\$16.28	\$0.00	\$23.31	\$1.88	\$8.84	\$1.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4350								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162,69	\$94.67	\$0,00	\$16.71	\$16,28	\$0,00	\$23.31	\$1.88	\$8.84	\$1.00
	Quarterly Per Diem Add-on Amounts											
20	1	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,95	\$0.95								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,84	\$2.84								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.05	\$4.32	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Lπ 24	\$184.74	\$98.99	\$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	\$125.73							· · · · · · · · · · · · · · · · · · ·		

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Autumn Lane Prvdr ID: 00082992A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nur		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 57.7% 3.71	Add-on Percent 13.37% 5,5% 3.0%		Quarter	: (CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2897 1.5520 1.5804	State- wide 1.3617 1.4446 1.4694
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	ь	<u> </u>	d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$160.91 \$16.97 \$180.65 \$225.34 \$6.69 \$3.65 \$17.10 \$27.45	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.5804 \$121.71 \$6.69 \$3.65	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 2.77 \$2.77	\$33.41 \$33.41 (FRV Rate) \$33.41	\$0.61 \$0.61
Quarterly Case Mix Based Per Diem Rate		\$252.79	\$132.06		\$19.83	\$24.87		\$39.24	\$2.77	\$33.41	\$0.61
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$176.77										

1	ovider: Avalon HIth. & Rehab vdr ID: 00142084A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score	Facility Score N/A 75.7% 3.58	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.1537 1.4326 1.4546	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Man beeled	c	d	e	Seese filling	g	:::::: g:::::::	gaaassa h iistineen	State Profit
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,383,726	\$2,309,445	\$0	\$410,092	\$270,472	\$285,406	\$586,102	\$86,352	\$435,857	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,927)	(\$3,894)	\$0	so	\$301	\$317	(\$20,109)	400,002	(\$24,576)	\$25,034
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,360,799	\$2,305,551	\$0	\$410,092	\$270,773	\$285,723	\$565,993	\$86,352	\$411,281	\$25,034
8	Total Nursing Facility Days As Filed Days = 28,784	FY12 Audited C/R Days	28,784								-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,835	FY 18 GL-PL Ins Rpt Days								28,835		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1537</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$69.43	\$0.00	\$14.25	\$19.33		\$19,66	\$2.99	\$14.29	\$0.87
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.52	\$69,43	\$0.00	\$14.25	\$19.33		\$19,66	\$2.99	9.99 (FRV)	\$0.87
1.	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Alloward Per Pirer (May Court	Ln 14 x Grwth Ailwnc % Ln 14 + Ln 15	\$16.40	\$9,28	\$0.00	\$1.91	\$2.58	\$0.00	\$2,63	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$152.92	\$78,71 1.4546	\$0.00	\$16.16	\$21.91	\$0.00	\$22,29	\$2,99	\$9.99	\$0.87
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		1.4546 \$114.49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.70	\$114.49	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.30	\$6.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.43	\$3.43								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28,36	\$10.26	\$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	\$217.06	\$124.75	\$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	\$149.97									

1	rovider: Azalea Health & Rehabilitation rvdr ID: 00141963A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	27.1%	Add-on Percent 13,37% 1.0% 3.0%	- -	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3435 1.3355 1.3591	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d	e e	Allen faren	g	ida aqi g ali dah	Harrist h program.	. ajas aga fila anni l
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$37,086)	\$0	\$0	\$0	\$0	(\$203)	(\$36,883)		(\$24,478)	\$24,478
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,125,531	\$1,603,561	\$0	\$369,394	\$169,767	\$239,483	\$444,001	\$105,708	\$169,139	\$24,478
8	Total Nursing Facility Days As Filed Days = 23,469	FY12 Audited C/R Days	23,469									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,793	FY 18 GL-PL Ins Rpt Days		A						27,793		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.48	\$68,33	\$0.00	\$15.74	\$17.44	(with L&H)	\$18.92	\$3.80	\$7.21	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3435								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.86	\$0.00	\$15.74	\$17,44		\$18.92	\$3.80	\$7.21	\$1.04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$50.86	\$0.00	\$15,74	\$17.44		\$18.92	\$3.80	9.66	\$1.04
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$13.76	\$6.80	\$0.00	\$2.10	\$2,33	\$0.00	\$2.53	N/A	N/A	N/A
16	CMA Allowed Per Dîem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.22	\$57.66	\$0.00	\$17.84	\$19.77	\$0.00	\$2.33	\$3.80	\$9.66	\$1.04
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	V101.22	1.3591	40.00	017.04	0.5,	40.00	Ψ21.40	40.00	Ψ3.00	91,0
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.93	\$78.37	\$0.00	\$17.84	\$19.77	\$0,00	\$21.45	\$3.80	\$9.66	\$1.04
	Constate Res Bism Add as Assessed								-			
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	60.00	ro 07		* 0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.78	\$0.53	90.00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$2.35	\$2,35								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	¥2,0V					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.76	\$3.66	\$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	\$173.69	\$82,03	\$0,00	\$18.06	\$20.18	\$0.00	\$38,92	\$3.80	\$9.66	\$1.04
			\$110.03	₩0£,03	30.00	\$10.00	\$£0.10	30.00	\$30,32	\$3.00	⇒3.66	₹1.04

\$117.44

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

				Facility	Add-on		Facility	State-
Provider:	Azalea Health & Rehab		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00059441A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5985	1.3617
	Case Mix Per Diem Rate Effective Date:		Qtrly BIMS score	35.7%	2,5%	Quarterly Medicaid CMI:	1.5675	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.69	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5963	1.4694

	mbo w mator in baca por quartor Enting.	112130 110410 pc	. Orrone bayra	danty incentive.	0.03	2,070	Citily Modic	CIVII W INDO	wynt Options.		1.5505	1.4094
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12.1			a a ma	i i i bi i i i i	iiii c	d	е	Janua f eddel	g	g	ana mai h ijaisaas	i
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	24 400 000	20 405 077			*****	****				
6	As Filed Cost Center Costs (Routine & Special Srycs Combined)	-	\$4,490,686	\$2,425,377	\$0	\$456,736	\$176,843	\$251,995	\$873,694	\$2,876	\$303,165	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$39,474) \$4,451,212	\$0 \$2,425,377	\$0 \$0	\$456,736	(\$1,511)		(\$33,581)	00.070	(\$41,835)	\$39,606
8	Total Nursing Facility Days As Filed Days = 31,831	FY12 Audited C/R Days	31,831	φ2,425,3 <i>11</i>	50	\$430,730	\$175,332	\$249,842	\$840,113	\$2,876	\$261,330	\$39,606
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,099	FY 18 GL-PL Ins Rpt Days	31,033							29,099	•	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln7/Ln8Cola	\$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 gtrs of FY12	\$105.05	1.5985	\$0.00	\$14.55	\$15.50	14/07/2007/	\$20,05	30.10	Φ0.21	\$1.24
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109,24	\$47.67	\$0.00	\$14.35	\$13.36		\$20.56	\$0,10	11.96	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		1.5963					,		*****	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$154.29	\$86.26	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.16	\$2.16								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1.73	\$1.73								
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	\$22.15	\$4,42	\$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	\$176.44	\$90,68	\$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 - £n 23) * 0.75	\$119.51			•						
	£		: 1	1								

State-

Facility

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

Facility

Add-on

	Provider:	Azalea Trace Nursing	Home		Add-on Data and P	occontonos	Facility Score	Add-on Percent	Con	a Niu baday //	CMD Date		Facility Specific	State- wide
	Prvdr ID:	00141886A	Home			th Allowance:	N/A	13.37%	Cas	e Mix Index (0 Base Perior	i Overali CMI:		1.2980	1,3699
	. 13.01.10.		Case Mix Per Diem Rate Effective Date:	10/01/19		ly BIMS score	40.0%	2.5%			Medicaid CMI:		1.2850	1.4446
		ME	OS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hou	rs per On-Site Day/Qu	ality Incentive:	4.16	2.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.3064	1.4694
										Plant	Admin		Property	Taxes
Lin	e	Description		Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Operatns	and	A&G- GL-PL Insurance	and	and
#		Description		Calculations		Geraices	Services		Honzyhiñ	& Maint	General	msurance	Related	Insurance
					а	b	C	d	e	f	9	9	ħ	i
(CASE M	IX BASED RATE CALCUL	ATIONS											
1	Cost C	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			
		Group Standards & Efficiency Me	asure Limits											
2		r Group Standards: Percentile		(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0%		50.0% 105.0%			
3		r Group Standards: Multiplier iency Measure Maximums (see line	e 20 for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	100,0% \$0.41		\$0.37			
				, , ,										
**		Period Per Diem Allowed Amoun		As Filed FY13 C/R	40 007 040	** ***	**	****	****	****	67700 100	***	*****	
5		iled Cost Center Costs (Routine & 5		FY13 C/R Audit Adjstmt		\$3,799,856	\$0	\$638,476	\$441,605	\$202,336	\$780,426	\$89,287	\$255,324	\$0
6 7		it Adjustments and Reallocations to t Center Costs After Audit Adjustme		FY13 Audited C/R	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0 \$3,799,856	\$0 \$0	\$0 \$638,476	\$0 \$441,605	\$0 \$202,336	(\$71,116) \$709,310	\$89,287	(\$6,444) \$248,880	\$6,444 \$6.444
8	-	otal Nursing Facility Days	As Filed Days = 38,837	FY13 Audited C/R Days		43,133,03U	ψU	014,060\$	\$441,005	\$202,330	\$109,310	405,201	\$240,000	тег ,оф
		otal Nursing Facility Days GL-PL Ins	·	FY 18 GL-PL Ins Rpt Day								36,967		
9		Per Diems prior to Case Mix Adjstm		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
11		ase Period Facility Case Mix Index		from 4 girs of FY10	0.00,12	1,2980	V 0.00	410 (11)	\$15,05	,	¥10.20	* 22	45	40
1		outine Srvcs Case Mix Adjstd (CMA		Ln 9 / Ln 10		\$75,38								
1:		Per Diems after Case Mix Adjstmt t	•	RS = Ln 11, AllOlhr = Ln	9	\$75.38	\$0.00	\$16.44	\$16.58		\$18,26	\$2.42	\$6,41	\$0.17
1:		Diem Standards (After Statewide CMA		per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23,27		\$23.46	\$0.00	N/A	
1.		e Period Case Mix Adjusted Allower		Lesser of Ln 12 or Ln 13	\$138.04	\$73.90	\$0.00	\$16.44	\$16.58		\$18.26	\$2.42	10.27	\$0,17
													(FRV)	
1:		erly Per Diem Rate Prior to Add-c wth 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		A Allowed Per Diem (After Growth Allo		Ln 14 + Ln 15	\$154.78	\$83.78	\$0.00	\$18.64	\$18.80	\$0.00	\$20,70	\$2.42	\$10.27	\$0,17
1		uarterly Facility Case Mix Index for		per Current Qtr End	********	1.3064	*****	410.07	410100	*****	7 1. u	+	7 1-1	¥
1:		rtrly Routine Srvcs Case Mix Adjstd		Ln 16 x Ln 17		\$109.45								
1:		rterly Medicaid CMA Allowed Per D	• •	RS = Ln 18, AllOthr = Ln	16 \$180.45	\$109.45	\$0.00	\$18.64	\$18.80	\$0.00	\$20.70	\$2.42	\$10.27	\$0.17
		•												
		erly Per Diem Add-on Amounts	n ==	(ann Believ Manuel)	\$1.00	\$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
2		ciency Add-on Per Diem ([Stad - Alw S Add on Bar Diem -		(see Policy Manual) Ln 19 Col b x CPS Add-o		\$2,74	\$0.00	\$0.22	\$0.41	\$0.00	\$0.57		\$0.00	
2		S Add-on Per Diem = se Staff Hrs / Quality Add-on Per Di	2.5% (to Routine Srvs)	En 19 Col b x Sting Add-o	•	\$2.74 \$2.19								
2:		sing Home Provider Fee	en - 2.0% (to Addition dives)	(Fixed Amount)	\$17,10	V2.10					\$17.10			
2		il Quarterly Per Diem Add-on Amou	nts	Sum of Lns 20 thru 23		\$4.93	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
2:		erly Case Mix Based Per Diem Ra		Լո 19 + Լռ 24	\$203,48	\$114,38	\$0.00	\$18.86	\$19.21	\$0.00	\$38.17	\$2.42		\$0.17
2	o Guarre	cny case mix pased Per Diem Ke	avc	CI) 13 T LIL 24	ఫ∠⊍ ა,48	ş:14.38	9 0,0¢	\$10.00	\$15.21	\$0.00	\$30.1 <i>1</i>	\$2.42	\$10.27	\$0.17
- 2	6 Quarte	erly Per Diem Rate for Bed Hold :	and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139.79									

Quarterly Case Mix Per Diem Calculation

FINAL

	rovider: Azalealand Nursing Home rvdr ID: 00141237A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19		ata and Percentages Growth Allowance: BIMS: B Day/Quality Incentive:	Facility Score N/A 62.2% 4.04	Add-on Percent 13.37% 5.5% 3.0%	-	Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.4999 1.7251 1.7596	State- wide 1.3617 1.4446 1.4694
Line #	. Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	d	e	f	<u>g</u>		h	i
	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rp FY2018 GL-PL Ins. Rp FY 2012 Peer Group Lir	ot	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.7596 \$135.51		2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$17.05 \$17.05 \$17.05 \$17.05 (FRV Rate)	\$1.4
-	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 5.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$222.65 \$7.45 \$4.07	\$135.51 \$7.45 \$4.07		\$19.83	\$24.87		\$22.14	\$1.77	\$17.05	\$1.4
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$28.62						17.10			
\vdash	Quarterly Case Mix Based Per Diem Rate		\$251.27	\$147.03		\$19.83	\$24.87		\$39.24	\$1.77	\$17.05	\$1.4
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$175.63									<u>i</u>	<u> </u>

Provider: Prvdr ID:	Bainbridge Health (00258915A	Care Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:		Add-on Percent 13.37% 5.5% 2.0%	•		Overall CMI: Medicaid CMI:	1.8216	State- wide 1.3617 1.4446 1.4694
Line #	Description		a falls from a filter one factor for the contract	rces / Totals Routine Services a b	Special Services c	Dietary	l.aundry & Houskpng e	Plant Operatns & Maint f	Admin and General g	A&G-GL-PL Property and Related 9 h	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
132.27			а	operii b inide.	· · · · · ·	d	e	allia figuia	g	g	mineral hadrens	anain Laine.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
				7.7 Dec 01200	Par Dea Gizes	701 DELL ONZES	701 200 0/203	An Deu Grzes	All Ded Gizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0,22	\$0,41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,632,143	\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2138</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$42.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93,60	\$42.87	\$0,00	\$11.60	\$14.96		\$14.82	\$1.08	7.67	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$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)	£n 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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.8562								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$146.47	\$90.21	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$4.96	\$4.96								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$171.86	\$97.50	\$0.00	\$13.37	\$17.37	\$0.00	\$34.27	\$1.08	\$7.67	\$0.60

\$116.07

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	Provider: Baptist Village, Inc. Prydr ID: 00140203A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance; trly BIMS score		Add-on Percent 13.37% 1.0% 2.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.1403 1.3831 1.4074	State- wide 1.3617 1.4446 1.4694
Line	ne Description	Sources / Cafculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
11.11			а	b	С	đ	е	50000 f eq. 50.	illis gillejis	g	ili ili ili ili ili ili ili ili ili ili	i
1	CASE MIX BASED RATE CALCULATIONS											
1	1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facililies All Bed Sizes	1 All Facilities All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$13,946,033	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429

2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$13,946,033	\$7,360,257	\$0	\$1,782,786	\$587,694	\$1,382,872	\$1,847,072	\$104,476	\$880,876	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$143,433)	\$0	\$0	\$0	\$0	\$0	(\$145,334)		(\$33,528)	\$35,429
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,802,600	\$7,360,257	\$0	\$1,782,786	\$587,694	1	1	\$104,476	\$847,348	\$35,429
8	Total Nursing Facility Days As Filed Days = 85,093	FY12 Audited C/R Days	85,093									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,407	FY 18 GL-PL Ins Rpt Days								78,407		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$162.32	\$86.50	\$0.00	\$20.95	\$23.16	(with L&H)	\$20.00	\$1.33	\$9.96	\$0.42
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1403</u>					Ì			
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$75.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.91	\$71.51	\$0.00	\$18.41	\$23.09		\$20.00	\$1.33	19.15	\$0.42
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	£n 14 x Grwth Allwnc %	\$17.78	00.00	\$0.00	\$2.46			20.07			
16		Ln 14 + Ln 15		\$9.56	•	1	\$3.09	\$0.00	\$2.67	N/A	N/A	N/A
17	,	per Current Oir End	\$171.69	\$81.07	\$0.00	\$20.87	\$26.18	\$0,00	\$22.67	\$1.33	\$19.15	\$0.42
18		La 16 x La 17		1.4074								
19	,	RS = Ln 18, AllOthr = Ln 16	*****	\$114.10	***	400.07	000.15	***		24.00	212.15	**
19	Quarterly Medicaid CMA Allowed Per Diem	KS = Ln 1a, AllOuir = tn 16	\$204.72	\$114.10	\$0.00	\$20.87	\$26.18	\$0,00	\$22.67	\$1,33	\$19.15	\$0.42
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.28	\$2.28								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0,00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3,79	\$3.42	\$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	\$208,51	\$117.52	\$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	\$156.38								·	

1				Facility	Add-on		Facility	State-
Provider:	Bayview Nursing Home		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00624951A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1.3673	1,3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	26.5%	1.0%	Quarterly Medicaid CMI:	1,3734	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.71	2,0%	Ortrly Moaid CMI w RUG Wight Options:	1.4002	1.4694

	mbo a noise in a bate per against Ending.	Turse flours pe	. On-one bayro	daily incertive.	. 5.71	2,078	Crary wicard	CWR W NOG 1	regni Options.		1.4002	1.4094
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1 22			a	ь	c	d	· · · · · · · · · · · · · · · · · · ·	150 17 1 100 100 1	g	g g		
<u>c</u>	ASE MIX BASED RATE CALCULATIONS							-				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts	1. 57. 15/40 O.D. 51/01/0 O. 51 D.										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,141,476	\$1,598,599	\$0	\$359,072	\$173,859	\$244,410	\$378,968	\$50,140	\$336,428	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$32,227)	\$0	\$0	\$0	\$0	\$0	(\$33,648)		(\$43,412)	\$44,833
7	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 As Filed Days = 20,789	FY12 Audited C/R Days	20,789									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,900	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a				247.07	****			21,900		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$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 Case Mix Index for All Residents	Ln 9/Ln 10		1.3673								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$56.24	20.00	247.07	****		***			
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	'		\$56.24	\$0.00	\$17.27	\$20.12		\$16.61	\$2.29	\$14.09	\$2,16
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	6400.04	\$71.51	\$0,00	\$18,41	\$23,09		\$20.56	\$0.00	N/A	#0.40
14	base Period Case Mix Adjusted Allowed Per Diem	Lesser of Lit 12 of En 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										11 1/47	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.74	\$7.52	\$0.00	\$2.31	\$2.69	\$0,00	\$2.22	N/A	N/A	N/A
16	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 Case Mix Index for Medicald Residents	per Current Otr End		1.4002								
18	Qrtrly Routine Srvcs 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	\$168.50	\$89.28	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,89	\$0,89	1				1		, , ,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	En 19 Col b x Sting 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 Las 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	\$189.81	\$92.49	\$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	\$129.53			·		1	<u> </u>	J		

State-

Facility

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

Facility

Add-on

Pro	ovider: The Bell-Minor Home, Inc.	Ac	dd-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	(MI) Data		Facility Specific	State- wide
	rvdr ID: 00059397A		Grow	th Allowance:	N/A	13.37%		Base Period	Overall CMI:		1.4312	1.3699
	Case Mix Per Diem Rate Effective Date:			y BIMS score	35.9% 3.10	2.5% 2.0%	Oddy Masid		Medicaid CMI:		1.5701 1.6015	1.4446 1.4694
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours per	On-Site Day/Qua	anty incertive.	3.10	2.0%	Qitity Mcalu	CIMI W ROO I	Nght Options:		1.0015	1.4054
				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description.	Sources / Calculations	Totals	Services	Services	Dietary	Houskpng	Operatns & Maint	and General	Insurance	and Related	and Insurance
#		Opionipholis	а	ь	c	d	e	f	g	a	h	i
			a	b	·	u	G	•	y	У	**	•
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
_	Peer Group Standards & Efficiency Measure Limits	for a Dalland Administra		90,0%	90.0%	90.0%	85.0%		50.0%			
2 3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$43.97					***		****	04.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43.97	\$0.00		\$17.90		\$26.20	\$3.89	\$33,19 N/A	\$1.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	6440.00	\$73.90 \$43.97	\$0.00 \$0.00	\$19.14 \$13.54	\$23.27 \$17.90		\$23.46 \$23.46	\$0.00 \$3.89	13.68	\$1.88
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of £n 12 or £n 13	\$118.32	\$43.97	\$0.00	\$13.34	\$17.90		\$23.40	\$3.09	(FRV)	\$1.00
	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		\$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	•	per Current Qtr End		1.6015								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	0404.50	\$79.83	60.00	C45.05	\$20,29	\$0.00	\$26,60	\$3.89	\$13.68	\$1,88
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$161,52	\$79.83	\$0.00	\$15,35	\$20.29	\$0.00	\$40.00	\$3.09	\$13.00	\$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 = 2.5% (to Routine Srvs)		\$2.00	\$2.00								
22		Ln 19 Cot b x Sting Add-on	\$1.60	\$1.60					6.7.			
23	•	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	64.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts		\$21.86	\$4.13	•	•	•		•	•		
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.38	\$83.96	\$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	\$124.71									

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		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1.3657	1,3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	31.6%	2.5%	Quarterly Medicaid CMI:	1,4423	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.37	3.0%	Ortrly Moaid CMI w RUG Wght Options:	1,4673	1.4694
7.					1			

	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Site Day/Q	uality Incentive:	3.37	3.0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1,4673	1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			300 a 000 co	b	C	1135 e d 1135	8	jegiy f atiy	g	inde g	ataliitasyi h iililaanya	edady I
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				L-Color Color							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-Pt, 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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$142,01	\$70,41	\$0.00	\$17.51	\$16.80	(with L&H)	\$19.91	\$4.34	\$12.08	\$0,96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3657</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$51.56								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$51.56	\$0.00	\$17.51	\$16,80		\$19.91	\$4.34	\$12,08	\$0,96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.12	\$51.56	\$0.00	\$17.51	\$16,80		\$19.91	\$4.34	11.04	\$0,96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.14	\$6.89	\$0.00	\$2.34	\$2.25	\$0.00	\$2,66	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	i,n 14 + l.n 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>1.4673</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$163.57	\$85.76	\$0.00	\$19.85	\$19.05	\$0.00	\$22.57	\$4.34	\$11,04	\$0,96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.57	\$2,57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$23,34	\$5,24	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	l.n 19 + Ln 24	\$186.91	\$91.00	\$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	(in 25 - in 23) * 0.75	\$127.36			<u> </u>		<u> </u>			,	
		(Ψ12,30									

ŧ	rovider: Blue Ridge Healthcare of Buchanan rvdr ID: 00142722A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		with Allowance: trly BIMS score	25.7%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2328 1.3817 1.4024	State- wide 1.3617 1.4446 1.4694
Line #	Description:	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12.00			a	in bereit	С	d	e e	f	g .	g	uraina, h asaya jiy	samaral 1 maga
0	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,714,012	\$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 Adjstmts	(\$111,122)	(\$47,291)	\$0	(\$3,711)	\$1,786	\$5,958	(\$68,967)		(\$16,494)	\$17,597
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,602,890	\$1,355,877	\$0	\$276,928	\$146,620	\$160,837	\$460,426	\$75,853	\$108,752	\$17,597
8	Total Nursing Facility Days As Filed Days = 19,686	FY12 Audited C/R Days	19,686									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,724	FY 18 GL-PL Ins Rpt Days								18,724		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.87	\$0.00	\$14.07	\$15.62		\$23.39	\$4.05	\$5.52	\$0.89
13	Per Diem Slandards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.32	\$55.87	\$0.00	\$14.07	\$15.62		\$20.56	\$4.05	10.26 (FRV)	\$0.89
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14.19	\$7.47	\$0.00	\$1.88	\$2,09	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 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	\$100.01	1,4024	40.00	\$10.30	Ψ17,71	\$0,00	\$20.01	\$4.00	\$10.20	\$0.03
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr ≈ Ln 16	\$161.00	\$88.83	\$0.00	\$ 15.95	\$17,71	\$0.00	\$23.31	\$4.05	\$10.26	\$0.89
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem ≈ 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.89	\$0.89	72.00	, , ,	23. * *	25.00	13.00		43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	· •					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.81	\$4.08	\$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	\$182.81	\$92.91	\$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	\$124,28			<u>, </u>			1	1		l

Provider:	Bolingreen Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID;	00059485A Case Mix Per Diem Rate Effective Date:	10/1/2019	Growth Allowance: Qtrly BIMS score	N/A 37,0%	13,37% 2.5%	Base Period Overall CMI; Quarterly Medicaid CMI;	1.3111 1,3648	1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.29	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3831	1,4694
					1			

	MD3 & Nuise riis Data per Quarter Chung.	. 00/30/19 Nuise Hours pe	on-site Daylo	camy incentive:	3,29	3.0%	Untriy Micald	CMI W RUG	/vgnt Options:		1.3831	1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
11111			a	ь	iiii caiin	miliji da milij		diller f allige	3000 g://300	g	posterio hitti	leseje Lesses
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,764,002	\$3,270,937	so	\$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 Adjstmts	(\$30,764)	(\$496)		\$0	\$0	\$0	(\$30,268)	1.15,550	(\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3111								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	\$4.38	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.11	\$58.90	\$0.00	\$14.37	\$18.16		\$17.91	\$2.89	8,28	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	£n 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3831</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.30	\$92.35	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,31	\$2.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		į				\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,71	\$5.61	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$185.01	\$97.96	\$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	\$125.93									
		1	1									

E	Provider: Bonterra Nursing Center Prodr ID: 00140357A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	C	Percentages owth Allowance: Otrly BIMS score quality Incentive:		Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI Medicaid CMI		Facility <u>Specific</u> 1.3678 1.3996 1.4221	State- wide 1,3617 1,4446 1,4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ggalgii b ilgasan	С	d	e	f	g	g	argilley h eryede	igalian t itara.
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	**************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,749,521	\$2,873,258	\$0	\$549,737	\$297,922	\$383,371	\$1,324,526	\$151,678	\$1,169,029	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$837,714)	(\$315,499)	\$0	(\$19,592)	(\$5,660)	(\$54,619)	(\$475,340)		(\$51,492)	\$84,488
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,911,807	\$2,557,759	\$0	\$530,145	\$292,262	\$328,752	\$849,186	\$151,678	\$1,117,537	\$84,488
8	Total Nursing Facility Days As Filed Days = 38,644	FY12 Audited C/R Days	38,644									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,641	FY 18 GL-PL Ins Rpt Days								38,641		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.12	\$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										(FKV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$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		<u>1.4221</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = £n 16	\$150.48	\$78.02	\$0.00	\$15.55	\$18.22	\$0.00	\$23.31	\$3.93	\$9.26	\$2,19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0,78			73.11	J., J.	22.00		13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.34	\$2.34								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	= .					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.38	\$3.65	\$0,00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
						1				1	+00	+

\$171.86

\$116.07

\$81.67

\$0.00

\$15.77

\$18.63

\$0.00

\$40.41

\$3,93

\$9.26

\$2.19

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Per Diem Calculation

FINAL

	Provider: Bostick Nursing Center Prodr ID: 003192286A H/B 7: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurs		ita and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 20.7% 5.42	Add-on Percent 13.37% 1.0% 2.0%		Quarter	((CMI) Data riod Overall CMI: rly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1,1264 1,1433	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1	. '		а	b	C	d	e	f	9		h	i
C#	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrily Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts Quarterly Case Mix Based Per Diem Rate	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$150.04 \$16.97 \$170.76 \$181.79 \$0.88 \$1.76 \$17.10 \$19.74 \$201.53	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.1433 \$88.05 \$88.05 \$0.88 \$1.76		2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14	\$ 3.75 \$3.75		\$2.95 \$2.95 \$2.95
<u> </u>	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$138,32	\$201.33	\$30.00		1	\	 	1	 	\	1 42.00

E .	rovider: Brentwood Health & Rehab rvdr ID: 00140071A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		with Allowance: trly BIMS score	Facility Score N/A 35,5% 3,76	Add-on Percent 13.37% 2.5% 3.0%	4///	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.3764 1.3503 1.3705	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d.	e	f	g	g	overence h society:	riinini I
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,599,980	\$2,498,293	\$0	\$463,280	\$217,890	\$306,183	\$580,119	\$98,535	\$435,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$20,888)	SO	\$0	(\$1,811)	\$0	\$0	(\$20,888)	430,000	(\$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 GLPL Ins. Rpt As Filed Days = 33,533	FY 18 GL-PL Ins Rpt Days								33,533		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Լո 10		\$51.75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.75	\$0.00	\$13.15	\$14.94		\$15,94	\$2.94	\$11.72	\$0.7
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$109.03	\$51.75	\$0,00	\$13.15	\$14.94		\$15,94	\$2.94	9.56 (FRV)	\$0.75
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	240.04	#0.00	***		***	***	20.10			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$12.81 \$121.84	\$6.92 \$58.67	\$0.00 \$0.00	\$1.76 \$14.91	\$2.00 \$16.94	\$0.00 \$0.00	\$2.13 \$18.07	N/A \$2.94	N/A \$9.56	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$121.04	1,3705	\$0.00	\$14.91	\$16.94	\$0.00	\$18.07	\$2.94	\$9,56	\$0.75
18	Qrtrly Routine Srvcs 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	\$143.58	\$80.41	\$0.00	\$14,91	\$16.94	\$0.00	\$18.07	\$2.94	\$9.56	\$0,7
	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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.01	\$2.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem ≈ 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,41	\$2.41								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	į					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,05	\$4.95	\$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	\$166.63	\$85.36	\$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	\$112.15									

1	ovider: Brian Center of Canton vdr ID: 00140643A Case Mix Per Diem Rate Effective Date:	10/1/2019		Percentages with Allowance: try BIMS score		Add-on Percent 13,37% 2,5%	_ Cas		CMI) Data d Overall CMI; Medicaid CMI;		Facility Specific 1.3878 1.4614	State- wide 1,3617 1,4446
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q			3.0%	Ortrly Moaid		Wght Options:		1.4859	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	- d	ė	[] [] [] [] [] [] [] [] [] []	g	g	eliki a h arasa.	·:: i '
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,470,098	\$2,676,697	\$0	\$484,818	\$231,953	\$298,054	\$1,064,058	\$8,255	\$706,263	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$58,995)	(\$449)	\$0	\$0	\$0	\$0	(\$56,373)		(\$45,153)	\$42,980
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,103	\$2,676,248	\$0	\$484,818	\$231,953	\$298,054	\$1,007,685	\$8,255	\$661,110	\$42,980
8	Total Nursing Facility Days As Filed Days = 34,595	FY12 Audited C/R Days	34,595									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,839	FY 18 GL-PL ins Rpt Days								32,839		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.42	\$77,36	\$0.00	\$14.01	\$15.32	(with L&H)	\$29.13	\$0.25	\$19,11	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.3878</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.74	\$0.00	\$14.01	\$15.32		\$29.13	\$0.25	\$19.11	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.74	\$0.00	\$14.01	\$15.32		\$20.56	\$0.25	12.39 (FRV)	\$1.24
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Lr. 14 x Grwth Allwac %	\$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	\$2.75	\$0.25	\$12.39	\$1,24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.00	1.4859	30.00	\$10.00	\$17.57	\$0.00	\$23.31	\$0.25	\$12,35	\$1,2
18	Qrirly Routine Srvcs 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	\$164.33	\$93.89	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.82	\$2.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.43	\$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	\$187.76	\$99.59	\$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	\$128.00									

	n	Briarwood Health & Rehab Center			Facility	Add-on		Facility	State-
l	Provider;			Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide_
	Prvdr ID;	00706813A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI;	1.6087	1,3617
l		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	39.3%	2.5%	Quarterly Medicaid CMI;	1,5352	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.63	2.0%	Ortrly Meaid CMI w RUG Wight Options:	1,5624	1.4694
ŀ									

	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Site Day/Q	uality incentive:	3.63	2.0%	Urtrly Meald	CMI w RUG	Wght Options:		1,5624	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	yligadis b isyyerid	С	d	e ::::::::	rķikā li f ņikilili	g	Jahreng Halle	ilenders h -sti	anta ing
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	05 507 055	*******		*****						
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adistrats	\$5,597,355	\$3,385,591	\$0	\$533,518	\$186,630	\$261,950	\$904,829	\$4,493	\$320,344	\$0
7	Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstrits FY12 Audited C/R	(\$34,340) \$5,563,015	(\$19,883) \$3,365,708	\$0 \$0	\$533,518	(\$226) \$186,404	(\$318) \$261,632	(\$13,528)	0	(\$88,674)	\$88,289
8	Total Nursing Facility Days As Filed Days = 34,672	FY12 Audited C/R Days	34,672	\$3,303,700	30	\$555,516	\$100,404	\$201,032	\$891,301	\$4,493	\$231,670	\$88,289
Ĭ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,336	FY 18 GL-PL Ins Rpt Days	34,012							34,336		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7/Ln 8 Col a	\$160,45	\$97,07	\$0.00	\$15,39	\$12.92	(with L&H)	\$25.71	\$0.13	\$6.68	\$2.55
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$100.42	1.6087	\$0.00	010.00	Ψ12.52	(1710) 2001)	₩ZJ.11	30.13	\$0.00	ಫ 2.33
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$60,34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,34	\$0.00	\$15,39	\$12.92		\$25,71	\$0.13	\$6.68	\$2.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	Ψ2.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.80	\$60,34	\$0.00	\$15.39	\$12.92		\$20.56	\$0.13	10.91	\$2.55
			-				,				(FRV)	1
4-	Quarterly Per Diem Rate Prior to Add-ons	1-11-0-11-11										
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.61	\$8.07	\$0.00	\$2,06	\$1.73	\$0.00	\$2.75	N/A	N/A	N/A
16 17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.5624								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18. AliOthr = Ln 16	\$175,88	\$106.88 \$106.88	\$0.00	647.46	*4105		000.04		212.21	
13	Quarterly inedicald Civia Allowed Fel Dielli	10 - 11 10, AlOtti - 11 11	\$175,00	\$100.00	\$0.00	\$17.45	\$14.65	\$0,00	\$23,31	\$0.13	\$10.91	\$2,55
	Quarterly Per Dîem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$23.07	\$5.34	\$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	\$198.95	\$112.22	\$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	\$136.39							L		

1	rovider: Brightmoor Health Care, Inc. rvdr ID: 00140412A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	owth Allowance: trly BIMS score	26.7%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2636 1.5771 1.6078	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	::::::b;::::::::::::::::::::::::::::::	С	ana da a da a	ė	::::: f ::::::::	g	g	h	i
0	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37		•	
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,813,583	\$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-Pt. Ins. Rpt As Filed Days = 45,147	FY 18 GL-PL Ins Rpt Days								46,147		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.04	\$92.57	\$0.00	\$23.28	\$26.53	(with L&H)	\$18.94	\$2.05	\$16,83	\$1.84
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2636</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$73.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$73.26	\$0.00	\$23,28	\$26.53		\$18.94	\$2.05	\$16.83	\$1.84
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$154.84	\$71.51	\$0.00	\$18.41	\$23.09		\$18.94	\$2.05	19.00 (FRV)	\$1.84
40	Quarterly Per Diem Rate Prior to Add-ons	1 - 44 - O - 1 - 40 27	A.7.5.	4								
15 16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwih Allwnc % Ln 14 + Ln 15	\$17.64	\$9,56 \$81,07	\$0.00 \$0.00	\$2.46	\$3,09	\$0.00	\$2.53	N/A	N/A	N/A
17	,	per Current Qtr End	\$172.48	*	\$0.00	\$20.87	\$26.18	\$0.00	\$21.47	\$2.05	\$19,00	\$1.84
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lo 16 x Lo 17		<u>1.6078</u> \$130.34								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.75	\$130.34 \$130.34	\$0.00	\$20,87	\$26.18	\$0.00	\$21.47	\$2.05	\$19.00	\$1,84
	Quarterly Per Diem Add-on Amounts											}
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.37	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.30	\$1.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.91	\$3.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.68	\$5.21	\$0,00	\$0,00	\$0.00	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Լո 24	\$244.43	\$135.55	\$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	\$170.50									

	ovider: Brown Health and Rehab vdr ID: 00059562A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	<u>Ad</u> 10/1/2019 06/30/19	Qtr	vth Allowance: ly BIMS score	Facility Score N/A 36.6% 3.53	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.3805 1.4263 1.4520	State- wide 1.4014 1.4446
	MUS & Nurse His Data per Quarter Ending:	00/30/19 Nuise nouis per	On-Site Day/Qu			3.078	····	Plant	Admîn		Property	1.4694 Taxes
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			а	b	c	ď	e	f	g		h	ĩ
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed 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 Adjstmts	(\$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	12/31/14 Audited C/R Days	37,086									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,079	FY 18 GL-PL Ins Rpt Days								38,079		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$60.25	\$0.00	\$16.73	\$19.12		\$20.89		\$11.59	\$0.40
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$30.41	\$23,55		\$24.02	1	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
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		<u>1.4520</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.40	\$99.19	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.98	\$2.98					materia			
23	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	\$202.49	\$105.18	\$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	\$139.04									
	I	l	1	_!								

1	Provider: Brown's Healthcare Prodr ID: 00140434A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; ttrly BIMS score	Facility Score N/A 20.0% 2.69	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4535 1.4833 1.5086	State- wide 1.3617 1.4445 1.4694
Line		Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a com	policie balling	c	d	е	:::::: f ::::::::::::	g	g	h	i
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,690,414	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$504,491	\$13,173	\$304,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$63,322	\$0	\$0	\$0	so	\$0	\$29,434		\$13,475	\$20,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,753,736	\$1,268,340	\$0	\$270,446	\$161,206	\$168,523	\$533,925	\$13,173	\$317,710	\$20,413
8	Total Nursing Facility Days As Filed Days = 22,287	FY12 Audited C/R Days	22,287									
	Total Nursing Facility Days GtPt. Ins. Rpt As Filed Days = 21,285	FY 18 GL-PL Ins Rpt Days								21,285		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123.59	\$56,91	\$0.00	\$12.13	\$14.79	(with L&H)	\$23.96	\$0.62	\$14.26	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4535</u>								
11		£n 9 / Ln 10		\$39,15								
12	•	RS = Ln 11, AllOthr = Ln 9		\$39,15	\$0.00	\$12.13	\$14.79		\$23.96	\$0.62	\$14.26	\$0,92
13	,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$99.16	\$39,15	\$0.00	\$12.13	\$14.79		\$20.56	\$0.62	10.99 (FRV)	\$0.92
15	•	Ln 14 x Grwth Aliwnc %	\$11.58	\$5.23	\$0.00	\$1.62	\$1,98	\$0.00	\$2.75	N/A	N/A	N/A
16	· · · · · · · · · · · · · · · · · · ·	£n 14 + Ln 15	\$110.74	\$44.38	\$0.00	\$13.75	\$1.35	\$0.00	\$2.75	\$0.62	\$10.99	\$0.92
17		per Current Qtr End	\$110.74	1.5086	\$0,00	\$10,70	\$10.77	\$0.00	\$23,31	30.02	\$10.55	\$0.52
18	1	Ln 16 x Ln 17		\$66.95								
19		RS = Ln 18, AliOthr = Ln 16	\$133.31	\$66.95	\$0.00	\$13.75	\$16.77	\$0.00	\$23.31	\$0.62	\$10.99	\$0.92
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$0,67	\$0.67								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x 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	\$20.94	\$3,21	\$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	\$154.25	\$70.16	\$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	\$102.86									A

i	ovider: Bryan County Health & Rehab Ctr	<i>f</i>	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (0			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe	-	triy BIMS score	55.4%	5.5% 3.0%	Ortrly Mcaid		d Overall CMI: Medicaid CMI: Wght Options:		1,3338 1.5449 1.5751	1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	operation b	c c	d	e	initia fairce	g	g	h i i i i i i i i i i i i i i i i i i i	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(and Delie (Manuel)		1	1							
l '	Type of Facility within Peer Group	(see Policy Manual)		7 All Facilities	All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 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	ļ	\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,768,621	\$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	FY12 Audited C/R Days	35,129									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,801	FY 18 GL-PL Ins Rpt Days								33,801		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / 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 Case Mix Index for All Residents	from 4 qtrs of FY12		1.3338								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	Ì	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123,35	\$54.30	\$0.00	\$18.41	\$18.86		\$13.48	\$3.76	13,03	\$1.51
	Overstandy Dea Diese Date Date and Add area										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$14,04	\$7.26	\$0.00	\$2.46	\$2,52	\$0,00	\$1.80			****
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + 1 n 15	\$14.04	\$7.20 \$61.56	\$0.00	\$2.46	\$2,52 \$21,38	\$0.00	\$1.80	N/A \$3.76	N/A \$13.03	N/A \$1.51
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$157.59	1,5751	\$0.00	\$20.67	\$21.30	\$0,00	\$15.26	\$3.76	\$13.03	\$1.51
18	Ortriy Routine Srvcs Case Mix AdjsId (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.79	\$96.96	\$0.00	\$20,87	\$21.38	\$0.00	\$15.28	\$3,76	\$13.03	\$1.51
	,		Q112.13	450.50	\$0.00	920.07	\$21.50	\$0.00	\$13,20	33.70	\$10.03	\$1.51
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.33	\$5.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.91	\$2.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.65	\$8.77	\$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	\$199.44	\$105.73	\$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	\$136.76					•		·		

!		Inc ix Per Diem Rate Effective Date: se Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: ltrly BIMS score	34.5%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1714 1.4358 1.4609	State- wide 1.3617 1.4446 1.4694
Line #	Description		Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				tanad a iladi	illeller b of pe	member Chicago	erge e dellette	::::::::e	economic f _{elec} ones	g	g	h	i
<u>C</u>	CASE MIX BASED RATE CALCULATION:	<u>S</u>											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Lin Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actu		(see Policy Manual) (see Policy Manual) (see Policy Manual)	Alexander and the second secon	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts												
5	As Filed Cost Center Costs (Routine & Special Srv	rcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,112,453	\$1,709,215	\$0	\$373,918	\$203,258	\$229,045	\$356,117	\$29,270	\$211,630	\$0
6	Audit Adjustments and Reallocations to Cost Cen	nter 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	FY12 Audited C/R Days	26,257									
	Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 25,472	FY 18 GL-PL Ins Rpt Days								25,472		
9	Net Per Diems prior to Case Mix Adjstmt to Routin		Ln 7 / Ln 8 Col a	\$110.59	\$64.97	\$0.00	\$14.04	\$16.45	(with L&H)	\$12.70	\$1.15	\$0,59	\$0.69
10	Base Period Facility Case Mix Index for All Res		from 4 qtrs of FY12		<u>1.1714</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per		Ln 9 / Ln 10		\$ 55,46								
12	Net Per Diems after Case Mix Adjstrnt to Routine		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 Routing	-	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Dien	π	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			-								((1)	
15	Growth Allowance Percentage = 13.3	17%	Ln 14 x Grwth Allwric %	\$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		Ln 14 + En 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		per Current Qtr End		1.4609								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) No	et Per Diem	Ln 16 x Ln 17		\$91.86								
19	Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$150,31	\$91.86	\$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 ([Strid - Alwd] x .75, up	to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0	% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.76	\$2.76								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$23.69	\$5.59	\$0,00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$174.00	\$97.45	\$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 - £n 23) * 0,75	\$117.68								,	
	5												

Quarterly Case Mix Per Diem Calculation

FINAL

Prv	ovider: Budd Terrace At Wesley Woods odr ID: 003167547A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hot		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 24,3% 8.21	Add-on Percent 13.37% 1.0% 3.0%		Quarterly caid CMI w RUC	iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwd 1.1879 1.2035	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	•		а	b	C	<u>d</u>	е е	f	99		<u>h</u>	<u> </u>
	E MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$160.62 \$16.07 \$155.22 \$170.07 \$0.88 \$2.63 \$17.10 \$20.61	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$8.60 \$72.96 1.2035 \$87.81 \$87.81 \$0.88 \$2.63		90.0% 100.0% \$0.22 \$18.41 \$16.57 \$2.22 \$18.79	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$2.78 \$2.78 \$23.56		1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$2.47 \$20.97	\$ 2.60	\$38.01 \$38.01 13.94 (FRV Rate) \$13.94	\$2.40 \$2.40 \$2.40
	Quarterly Case Mix Based Per Diem Rate		\$190.68	\$91.33	ļ	\$18.79	\$23,56		\$38,07	\$2.60	\$13.94	\$2.4
	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pydr Fee) x 75%	\$130.19					<u> </u>	<u> </u>	J	<u> </u>		<u></u>

Provider: Calhoun Health Care Center Prvdr ID: 00140577A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 24,2% 2,69	Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3183 1.4626 1.4891	State- wide 1.3617 1.4446 1.4694
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	С	d		1600 1 1000 110	g	hilliganen	eseisiii h leteeisee	······::::::::::::::::::::::::::::::::
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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	FY12 Audited C/R Days	34,715									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,375	FY 18 GL-PL Ins Rpt Days								29,375		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$123.67	\$63.77	\$0.00	\$14.61	\$17.93	(with L&H)	\$15.76	\$3.73	\$7.30	\$0,57
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3183</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9 / La 10		\$48.37								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.61	\$17.93		\$15,76	\$3.73	\$7.30	\$0.57
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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										(17.0)	
15 Growth Allowance Percentage = 13,37%	Ln 14 x Grwih Allwinc %	\$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		<u>1.4891</u>								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$81,66								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.16	\$81,66	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,45	\$2,45								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,90	\$3.80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	£n 19 + £n 24	\$170.06	\$85.46	\$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	(l.n 25 - l.n 23) * 0,75	\$114.72									

Prov Prvd		10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 50.9% 3.81	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2873 1.6171 1.6477	State- wide 1.3617 1.4446 1.4694
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
			i janna a gyasan	::::::b:::::::::::::::::::::::::::::::	Hite Carrier	d	e :	ATTEMPT	g	Maraga g iriya sar	y h	·; ···i·
CAS	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
В	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,577,908	\$992,232	\$0	\$359,440	\$239,508	\$159,018	\$685,581	\$90,750	\$51,379	\$0
1 1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$30,402)	\$171,759	\$0	\$38,558	(\$3,482)	\$5,216	(\$233,627)		(\$17,027)	\$8,201
1	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		
	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.43								
1 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50,43	\$0.00	\$22.20	\$22.32		\$25.21	\$4.20	\$1.92	\$0.46
1 1	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of En 12 or En 13	2402.07	\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	
14	base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 of En 13	\$132.07	\$50,43	\$0,00	\$22.20	\$22.32		\$20.56	\$4.20	11,90 (FRV)	\$0.46
1	Quarterly Per Diem Rate Prior to Add-ons										` ´	
1 1	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.44	\$6,74	\$0,00	\$2.97	\$2.98	\$0.00	\$2.75	N/A	N/A	N/A
! !	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>1.6477</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.20								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOlhr = £n 16	\$184.54	\$94.20	\$0.00	\$25.17	\$25.30	\$0.00	\$23.31	\$4,20	\$11,90	\$0.46
Q	Quarterly 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	
	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.18	\$5.18								
1 1	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.83	\$2.83								
1 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.27	\$8.54	\$0.00	\$0.22	\$0.41	\$0,00	\$17,10	\$0,00	\$0.00	\$0.00
25 Q	tuarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$210.81	\$102.74	\$0.00	\$25.39	\$25.71	\$0.00	\$40.41	\$4.20	\$11.90	\$0.46
26 Q	luarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145,28									

1	Provider;	Camellia Gardens	of Life Care		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID;	00366341A	Coop Mir. Day Diam Data Effective Data	401410040	Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,3243	1.3617
			Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	31.8% 3.67	2.5% 3,0%	Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options;	1,1131 1,1265	1.4446
L			mbo a rate the bata per gaster chang.	00/00/13	ridise ribura per On-one bay/Quanty incentive.	3.01	5,076	Citily Micaid Civil W ROG VVgitt Options,	1.1200	1.4694
-	Line			S _o	Total Routine	Special		Laundry & Plant Admin A&G-G	L-PL Property	Taxes

	MD2 & MR26 HIS Data bet Admited Charles	00/30/19 Nurse Hours pe	r Un-Site Day/Q	uanty incernive.	3.57	3,0%	Qririy Micald	CMIWRUG	wgnt Options:	i	1.1265	1.4594
Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ing ig b iggaris	C	d	i de la compania	iligie f ymal	g	g		
<u>c</u>	ASE MIX BASED RATE CALCULATIONS							44				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,880,021	\$2,006,148	so	\$468,534	\$204,746	\$226,238	\$729,603	\$63,529	\$181,223	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$7,229)	\$0	\$0	(\$1,808)	\$12,132	\$15,147	(\$43,440)	1	(\$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					••			4	4 ,
	Total Nursing Facility Days GL-PL Ins. Rot 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 Srvcs	Ln 7 / Ln 8 Col a	\$140,56	\$72.81	\$0.00	\$16.94	\$16,63	(with L&H)	\$24,90	\$2.31	\$5.89	\$1,08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3243							•	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Stvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.59	\$54.98	\$0.00	\$16.94	\$16.63		\$20.56	\$2.31	8,09	\$1.08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwih 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.1265</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$70.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.05	\$70.21	\$0.00	\$19.20	\$18.85	\$0,00	\$23,31	\$2.31	\$8.09	\$1.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,76	\$1.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2,11	\$2,11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,13	\$4.40	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$165.18	\$74.61	\$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	(£n 25 - Ln 23) * 0.75	\$111.06			·		•		·		
	I	L	: [

Provider:	Camellia Hith & Rehab	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide_
Prvdr ID;	00140588A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	 Growth Alfowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 36.1% 3.10	13.37% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options;	1,3516 1,2855 1,3066	1.3617 1.4446 1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			Alay a major	b. (400)	i i i i c	er selvidejselje	a Alian e e e e e e e e	diam faire	g	again .g gailite	elit illişde h irolololo	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,026,940	\$1,592,432	so	\$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 Adjstmts	(\$33,919)	\$0	\$0	(\$1,817)	\$0	\$0	(\$33,919)		(\$16,377)	\$18,194
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,993,022	\$1,592,432	\$0	\$343,191	\$167,289	\$228,586	\$402,375	\$100,435	\$140,519	\$18,194
8	Total Nursing Facility Days As Filed Days = 22,188	FY12 Audited C/R Days	22,188									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,848	FY 18 GL-Pt, Ins Rpt Days								23,848		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.57	\$71.77	\$0,00	\$15.47	\$17.84	(with L&H)	\$18.13	\$4.21	\$6,33	\$0.82
10 11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12 Ln 9/Ln 10		1.3516								
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$53.10		245.47	4.7.0.					
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$53,10	\$0.00	\$15.47	\$17.84		\$18.13	\$4.21	\$6,33	\$0.82
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	****	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
'*	base Feriod Case Mix Adjusted Allowed Per Dielli	Lessel of th 12 of the 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										1,,,,,,	
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		<u>1.3066</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	İ	\$78.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$150.63	\$78.66	\$0.00	\$17.54	\$20.23	\$0.00	\$20.55	\$4.21	\$8.62	\$0.82
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.97	\$1.97							,,,,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$22.96	\$4.86	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$173.59	\$83.52	\$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	\$117.37		1	ı1			1			i

Provider:	Candler Hospital Sub-Acute Unit		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00870911A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	2.3318	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	0.0%	0.0%	Quarterly Medicaid CMI:	1,4446	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive;	8.22	0.0%	Ortrly Meaid CMI w RUG Wight Options:	1.4694	1,4694

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
			manina mener	rjenstvir b i digivele	rgyddi Cydddi.	institu d (institu	ditani eiginaa	::::::::::::::::::::::::::::::::::::::	g	g	ingering ij i h en erineere	arearei
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,470,516	\$639,844	\$0	\$65,806	\$57,730	\$95,218	\$352,979	\$7,493	\$251,446	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	FY12 Audited C/R Days	3,234									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,890	FY 18 GL-PL Ins Rpt Days								2,890		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$451.81	\$197.85	\$0.00	\$20.35	\$47.29	(with L&H)	\$105.98	\$2.59	\$76,03	\$1.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>2.3318</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr ≈ 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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23,09		\$20.56	\$0.00	N/A	:
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of £n 12 or £n 13	\$163.24	\$71.51	\$0.00	\$20,35	\$23.09		\$20.56	\$2.59	23.42	\$1.72
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$18.12	\$9.56	\$0,00	\$2.72	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 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 Qlr End		<u>1.4694</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x l,n 17		\$119.12								
19	Quarterly Medicaid CMA Allowed Per Diem	RS≔ Ln 18, AllOthr⇔ Ln 16	\$219.41	\$119.12	\$0.00	\$23.07	\$26,18	\$0.00	\$23.31	\$2.59	\$23.42	\$1.72
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.00	\$0.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.32	\$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	\$236.73	\$119,12	\$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	\$164.72									

Provider: Prvdr ID:	5 ,	10/1/2019	-	owth Allowance: httly BIMS score	45.8%	Add-on Percent 13.37% 5.5% 3.0%			l Overall CMI: Medicaid CMI:	1.3153	
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Proper and Insurance Relate	and
in a said			a di di	angaa baasa	ingg c honic	d	e e	gijan f .gida	endingstillin	ir gilling in h	i
1 Cost C	VIX BASED RATE CALCULATIONS Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	E	2 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 3 Peer 4 Effici	Group Standards & Efficiency Measure Limits r Group Standards: Percentile r Group Standards: Mulliplier iency Measure Maximums (see line 20 for actual) Period Per Diem Allowed Amounts	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		

-					Facility	Add-on		Facility	State-
١	Provider:	Carrollton Manor, Inc.		Add-on Data and Percentages	Score	<u>Percent</u>	Case Mix Index (CMI) Data	Specific Specific	<u>wide</u>
1	Prvdr ID:	00140852A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.3067	1.3617
١		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	40.0%	2.5%	Quarterly Medicaid CMI:	1.4860	1,4446
١		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.36	2.0%	Ortrly Meaid CMI w RUG Wight Options:	1,5106	1.4694
1									

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Million b ox in the	C	d	е	jijais f agoas	g de la c	g	grafify faga h aays faasa	1-fes.iv
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,595,654	\$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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$125.74	\$65,56	\$0.00	\$16.85	\$14.84	(with L&H)	\$17.37	\$3.60	\$6,50	\$1,02
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.3067</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50,17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.90	\$50,17	\$0,00	\$16.85	\$14.84		\$17.37	\$3.60	11.05 (FRV)	\$1.02
	Quarterly Per Diem Rate Prior to Add-ons										(FKV)	
15	Growth Allowance Percentage = 13.37%	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)	in 14 + Ln 15	\$128.16	\$56.88	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1,02
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5106								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$85.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.20	\$85.92	\$0.00	\$19.10	\$16.82	\$0.00	\$19.69	\$3.60	\$11.05	\$1.02
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,15	\$2.15								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Łn 19 Col b x Stfng Add-en	\$1,72	\$1.72								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	:					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$22.50	\$4.40	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.70	\$90.32	\$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	\$121.95			L			1			

i	rovider: Carrollton Nursing and Rehab Center	A	dd-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C		,	Facility Specific	State- wide
Pr	rvdr ID: 00059661A Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtri	th Allowance: ly BIMS score		13.37% 1.0%		Quarterly N	Overall CMI: Medicaid CMI:		1.3832 1.5641	1.4014 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/39/19 Nurse Hours per	On-Site Day/Qua	ality incentive:	3.49	3.0%	Offny Meaid	CMIWRUGI	Nght Options:		1.5921	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	đ	е	f	g		h	i
,	ASE MIX BASED RATE CALCULATIONS											
<u> </u>	ASE MILA BASED RATE GALOGEATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 All Facilities	1 All Facilities	2	1 All Facilities	1 All Facilities	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	Free Standing All Bed Sizes	All Bed Sizes	All Bed Sizes	All Facilities All Bed Sizes			
								, 222				
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Mulliplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rp	\$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 Adjstmts	(\$25,017)	\$5,938	\$0	\$0	(\$3,597)	(\$1,986)	(\$14,530))	(\$26,320)	\$15,478
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,826,454	\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.3832								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.96								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	1	\$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 Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.09	\$69.96	\$0.00	\$15.86	\$14,54		\$24.02	\$0.00	8.00	\$0.71
ĺ								-			(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons 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)	£n 14 + Lπ 15	\$149,71	\$79,31	\$0.00	\$17.98	\$16.48	\$0.00	\$27.23	1 1	\$8.00	\$0.71
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.5921					-		*****	
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$126.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$196.67	\$126.27	\$0.00	\$17.98	\$16.48	\$0,00	\$27.23	\$0.00	\$8.00	\$0.71
200	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	Ln 19 Col b x CPS Add-on	\$1.16	\$0.55	\$0.00	30.22	50.41	φυ.υυ	\$0.00		φ0.0 0	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$3.79				1					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.58	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	i i	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$219.98	\$131,85	\$0,00		\$16.89	\$0.00	\$44.33		\$8.00	\$0.71
\vdash			1	<u> </u>	1	1 7.5.59	1	1 72.30	1	1 70.00		1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) * 0.75	\$152.16	1								

ı					Facility	Add-on		Facility	State-
ı	Provider:	Cartersville Heights Care and Rehab		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
١	Prvdr ID:	00143085A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1,5517	1.3617
١		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	28.1%	1.0%	Quarterly Medicaid CMI:	1.5797	1,4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	2.74	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1,6082	1.4694
- 1									

ļ		<u> </u>										
Line #	Déscription	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1,111			a	b	0.00 C 0.00	animid Alien	e	lagaca f ililipalia	orien grande	::::::::::::::::::g:::::::::::::::::::		
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,797,818	\$2,723,918	**	\$556,988	5004 400	60 40 007	04 400 074	800.044	2224.270	••
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts			\$0 \$0		\$201,428	\$349,287	\$1,192,274	\$89,044	\$684,879	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$446,219) \$5,351,599	(\$167,884) \$2,556,034	\$0	(\$8,600) \$548,388	\$21,477 \$222,905	(\$43,246) \$306,041	(\$248,121) \$944,153	\$89,044	(\$29,349) \$655,530	\$29,504 \$29,504
8	Total Nursing Facility Days As Filed Days = 40,662	FY12 Audited C/R Days	40,662	02,000,004		4540,550	Q222,303	Ψ000,0-11	4044,100	\$05,044	\$000,000	φ25,304
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 41,774	FY 18 GL-PL Ins Rpt Days	10,002							41,774		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$131.56	\$62.86	\$0.00	\$13,49	\$13.01	(with L&H)	\$23.22	\$2.13	\$16.12	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,5517		,		,		1	\$151.12	40
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40.51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$102,68	\$40.51	\$0.00	\$13.49	\$13.01		\$20.56	\$2.13	12.25	\$0.73
	Ourstands Box Dissas Bata Dissas Add										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$11.71	\$5.42	\$0,00	\$1.80	\$1,74	\$0.00	\$2.75	N/A	3.175	NICA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	In 14 + In 15	\$114.39	\$45.93	\$0.00	\$1.00	\$1.74	\$0.00	\$2,75	\$2.13	N/A \$12.25	N/A \$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qlr End	\$114.05	1.6082	\$0.00	915.25	\$14.70	\$0.00	\$23,31	\$2.13	\$12.25	\$U.13
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73,86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$142.32	\$73.86	\$0.00	\$15.29	\$14,75	\$0.00	\$23.31	\$2.13	\$12.25	\$0.73
	·			,,		,	•	, , , , ,	1	, , , , ,	712.20	4 0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.74	\$0.74								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$2.22	\$2.22					647.45			
24	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Ens 20 thru 23	\$17.10 \$21,22	69.40	60.00	60.00	60.44	60.00	\$17.10	60.00	80.00	E0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$3.49	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Qualterly Case Mix Based Per Diem Kate	LN 19 + LN 24	\$163.54	\$77,35	\$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	\$109.83									

\$17.10

\$17.47

\$35.05

\$0.00

\$0.00

\$8.17

\$0.00

\$0.70

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

	rovider: Cedar Springs Health and Rehab Center ovdr ID: 00140544A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: htrly BIMS score	17.0%	Add-on Percent 13.37% 0.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5659 1.4514 1.4774	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	С	d		1	Salad gradin	g	gygerigen in h ronde dan ge	minin i jen n
٥	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,111,747	\$2,337,174	\$0	\$455,786	\$316,118	\$295,189	\$546,945	\$136,420	\$24,115	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$57,612)	(\$6,757)	\$0	\$0	(\$1,390)	·	(\$49,254)	\$100,420	(\$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					, , , , , , , , , , , , , , , , , , ,	4 ,	V,		722,555
	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 Srvcs	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		1.5659				,				,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46,39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.39	\$0.00	\$14.21	\$18.78		\$15.51	\$5.65	\$0.27	\$0.70
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
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 = 13.37%	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 + £n 15	\$122.09	\$52.59	\$0.00	\$16.11	\$21.29	\$0.00	\$17,58	\$5.65	\$8.17	\$0.70
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4774</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.70]			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$147.20	\$77.70	\$0.00	\$16,11	\$21.29	\$0.00	\$17.58	\$5.65	\$8.17	\$0,70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.55	\$1.55								
			1	l	I	1 1			I	1		1

\$17.10

\$20.18

\$167.38

\$112.71

\$2.08

\$79.78

\$0.00

\$0.00

\$0.22

\$16,33

\$0.41

\$21.70

\$0.00

\$0.00

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

26

Nursing Home Provider Fee

25 Quarterly Case Mix Based Per Diem Rate

Total Quarterly Per Diem Add-on Amounts

Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: Cedar Valley Nursing and Rehab Center	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pi	rvdr ID: 00142557A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours per	Qtri	th Allowance: by BIMS score ality Incentive;	38.6%	13,37% 2.5% 3.0%	Qrtrly Mcaid		d Overall CMI Medicaid CMI Wght Options	:	1.4235 1.6139 1.6437	1.4014 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	c	ď	е	f	g		h	i
С	ASE MIX BASED RATE CALCULATIONS											
[Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
l '	Type of Facility within Peer Group	(see Folicy Manual)		Ali Facilities	Ali 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									1		
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	5
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$16,961	\$0	\$0	\$0	\$1,494	(\$819)	\$12,568	.	(\$10,759)	\$14,4
7	Cost Center Costs After Audit Adjustments	FY14 Audiled C/R	\$2,226,488	\$1,082,784	\$0	\$196,985	\$118,415	\$108,900	\$416,459	\$0	\$288,468	\$14,4
8	Total Nursing Facility Days As Filed Days = 13,755	FY14 Audited C/R Days	13,755									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,887	FY 18 GL-PL Ins Rpt Days								28,887		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/Ln8Cola	\$161.87	\$78.72	\$0.00	\$14.32	\$16.53	(with L&H)	\$30,28	\$0.00	\$20.97	\$1.0
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4235								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$55,30	\$0.00	\$14.32	\$16,53		\$30.28	\$0.00	\$20.97	\$1.
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.38	\$55.30	\$0.00	\$14.32	\$16.53		\$24.02	\$0.00	9.16	\$1.0
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$14,72	\$7.39	\$0.00	\$1.91	\$2,21	\$0.00	\$3,21	N/A	N/A	N/
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Lл 15	\$135,10	\$62.69	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	1	\$9.16	\$1.0
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6437					1220			+
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.45	\$103.04	\$0.00	\$16.23	\$18.74	\$0.00	\$27.23	\$0.00	\$9.16	\$1.0
	Quarterly Per Djem Add-on Amounts			20.50							***	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	1	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00	'	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58								
22.	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on (Fixed Amount)	\$3.09	1					\$17.10			
23 24	Nursing Home Provider Fee Total Quarterly Per Diam Add on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$23.93	\$6,20	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	1 1	\$0.00	\$0,
	Total Quarterly Per Diem Add-on Amounts					 		-				
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.38	\$109.24	\$0.00	\$16.45	\$19.15	\$0.00	\$44.33	\$0.00	\$9.16	\$1.
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.71									

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%	Base Period Overati CMI:	1,3992	1.3617
	Case Mix Per Diem Rate Effective Date;	10/1/2019	Qtrly BIMS score	30.4%	2.5%	Quarterly Medicaid CMI:	1,2795	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.54	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3005	1,4694

Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		maina simu.	a active b	C	diction describes	riineen p e irii jaka	griisise f idiidiig	g	::::::::::::::::::::::::::::::::::::::	and think house.	i
ASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
As Filed Cost Center Costs (Routine & Special Srvcs 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
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,406)	\$0	\$0	(\$1,462)	\$0	\$0	(\$18,406)		(\$21,592)	\$23,054
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
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		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$155.36	\$81,11	\$0.00	\$14.06	\$20.37	(with L&H)	\$19.70	\$2.87	\$16.43	\$0.82
Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3992								
Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$57,97								
Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOihr = £n 9		\$57,97	\$0.00	\$14.06	\$20.37		\$19.70	\$2,87	\$16.43	\$0.82
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.22	\$57.97	\$0.00	\$14.06	\$20.37		\$19.70	\$2.87	10.43	\$0.82
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,98	\$7.75	\$0.00	\$1.88	\$2.72	\$0.00	\$2.63	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$141.20	\$65.72	\$0.00	\$15.94	\$23.09	\$0.00	\$22.33	\$2,87	\$10.43	\$0.82
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3005								
Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.47								
Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.95	\$85.47	\$0,00	\$15,94	\$23.09	\$0.00	\$22.33	\$2.87	\$10.43	\$0.82
Quarterly Per Diem Add-on Amounts											
Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.71	\$1.71								
Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.48	\$4.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$183.43	\$89.85	\$0.00	\$16.16	\$23,50	\$0.00	\$39.80	\$2.87	\$10.43	\$0.82
				·	1	L					
	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) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 28,038 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,415 Net Per Diems prior to Case Mix Adjistm to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistm to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	Calculations ASE MIX BASED RATE CALCULATIONS 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: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Days Total Nursing Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistnt to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistnt to Routine Srvcs Base Period Case Mix Adjistnt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjistnt to Routine Srvcs Base Period Case Mix Adjistnt to Routine Srvcs Base Period Case Mix Adjistnt to Routine Srvcs Base Period Case Mix Adjistnd CMA) Net Per Diem Net Per Diems Rater Case Mix Adjistnd to Routine Srvcs Base Period Case Mix Adjusted Allowed Per Diem Net Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x.75, up to max, or 0) BIMS Add-on Per Diem (Stnd - Awd) x	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Feer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual) Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed PY12 C/R -PY 2018 GL-PL Rpt FY12 Audited C/R FY12 A	Description	Description	Description Calculations Services Se	Description Calculations Calcu	Description Sources Calculations Calculatio	Description Calculations Totals Services Serv	Description Sources Totals Sources Services Secretary Totals Secretary Totals Secretary	

Facility Add-on Facility State-Chatsworth Health Care Center Provider; Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific wide Prvdr ID: 00209778A Growth Allowance; N/A 13.37% Base Period Overall CMI: 1.2919 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2019 Qtrly BIMS score 44.2% 2.5% Quarterly Medicaid CMI: 1.4470 1.4446 MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 2.58 Ortrly Moaid CMI w RUG Wight Options; 3.0% 1.4750 1.4694

Line # Description Sources / Calculations Totals Services Services Dietary Dietary Laundry & Plant Admin Operatins and Related Services Services Plant Operating and Related Related Related Services Services Services Services Services Dietary Dietary Laundry & Plant Admin Operating and Services Servi	Taxes
	and Insurance
	::::i ::::i
CASE MIX BASED RATE CALCULATIONS	
1 Cost Center Peer Groups (see Policy Manual) 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Peer Group Standards & Efficiency Measure Limits	
Base Period Per Diem Allowed Amounts	
5 As Filed Cost Center Costs (Routine & Special Stycs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt \$4,842,312 \$2,481,858 \$0 \$519,904 \$333,861 \$326,302 \$829,145 \$131,033 \$220	1
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjstmts (\$202,818) (\$5,597) \$0 \$0 \$0 \$0 \$197,221) (\$51	-1
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	21 \$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	
	85 \$1.49
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.2919	
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$55,16	
	85 \$1,49
	/A
	66 \$1.49
Quarterly Per Diem Rate Prior to Add-ons	v)
15 Growth Allowance Percentage = 13.37% Lin 14 x Growth Allowance Percentage = 13.37% S0.00 \$2.00 \$2.54 \$0.00 \$2.43 N/A	IA NIA
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 \$	66 \$1.49
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents per Current Qtr End 1 <u>1.4750</u>	
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$92.23	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$164.78 \$92.23 \$0.00 \$16.96 \$21.54 \$0.00 \$20.62 \$3.28 \$	66 \$1.49
Quarterly Per Diem Add-on Amounts	
	00
21 BIMS Add-on Per Diem = 2.5% (to Routine Sivs) Ln 19 Col b x CPS Add-on \$2.31 \$2.31	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives) Ln 19 Cot b x String Add-on \$2.77 \$2.77	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	
	00 \$0.00
	66 \$1.49
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$128,54	

-		D. (D. (A)			Facility	Add-on		Facility	State-
1	Provider:	Chatuge Regional Nursing Home		Add-on Data and Percentages	_Score_	Percent	Case Mix Index (CMI) Data	Specific Specific	<u>wide</u>
	Prvdr ID:	00143338A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.2895	1,3617
-		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIM\$ score	35.0%	2.5%	Quarterly Medicaid CMI:	1.2738	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	4.52	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2963	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			minima ili.	b ,	- 100 (F. C - 100 (F. C	palitic d in the	linguisi e irranit	f	g	9		js1::limie
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,466,869	\$3,483,271	\$0	\$1,088,008	\$466,107	\$462,253	\$671,707	\$82,094	\$213,429	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$103,659)	(\$32,041)	\$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	FY12 Audited C/R Days	40,036									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,599	FY 18 GL-PL Ins Rpt Days								39,599		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1.2895								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	}	\$66.85								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.85	\$0.00	\$27.29	\$23.23		\$14.84	\$2.07	\$5.33	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$144.27	\$66.85	\$0.00	\$27.29	\$23,09		\$14.84	\$2.07	10.13	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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		1.2963								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		\$98.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$184.39	\$98,25	\$0.00	\$30.94	\$26.18	\$0.00	\$16.82	\$2.07	\$10.13	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2,46								
22	Nurse Staff Hrs / Quality Add-on Per Diern = 2.0% (to Routine Srvcs)	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	\$22.65	\$4.96	\$0.00	\$0,22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$207.04	\$103.21	\$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	\$142.46			<u> </u>		•				1

Quarterly Case Mix Per Diem Calculation

FINAL

Prvdr	der: Chelsey Park H&R r ID: 003165720A B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 No		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 15.2% 5.20	Add-on Percent 13.37% 0.0% 3.0%		Quarter	(CMI) Data fiod Overall CMI: ly Medicaid CMI: G Wght Options:			Facility Specific Use Stwd 1.6999 1.7326	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- (Property and Related	Taxes and Insurance
	. •		a	b	c	d	е	f	<u>g</u>	1		h	i
Per Per Per Per Per Per Per Per Per Per	MIX BASED RATE CALCULATIONS ost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Beer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Ber Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance CMA Allowance CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Dotal Quarterly Per Diem Add-On Amounts uarterly Case Mix Based Per Diem Rate	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limi		1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.7326 \$133.43 \$133.43 \$0.00 \$4.00	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87 \$24.87	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14	\$	2.98 2.98	\$37.58 \$37.58 \$37.58 (FRV Rate) \$37.58	\$4.00 \$4.00 \$4.00
	uarterly Case Mix Based Per Diem Rate ave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$186,63	\$200.94	\$131.43	 	\$13,00	\$24.07	 	333.24	1	Ψ2.00	401.00	\$7.00

Provid Prvdr	•	10/1/2019	-	owth Allowance: Itrly BIMS score	29.9%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data I Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2276 1.7525 1.7872	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
0.0				(1861)	C	d i	•	Mind figure		Page and respect	isijoisijäilinkusseeres	l. :i
CAS	E MIX BASED RATE CALCULATIONS											
1 Co	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			
2 1	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Menual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
Ba	ase Period Per Diem Allowed Amounts											
5 /	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801	\$1,920,138	\$0	\$356,142	\$202,257	\$189,822	\$485,782	\$78,889	\$312,771	\$0
6 /	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,499)	\$0	\$0	(\$1,442)	\$0	\$0	(\$14,876)		(\$27,862)	\$29,681
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									}

3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0,53	100.0% \$0,00	100.0% \$0.22	100.0% \$0.41		105.0% \$0,37			
				•=	5	44.22	3 0		00.01			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,545,801	\$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 Adjstmts	(\$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		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 Srvcs	ln 7/ln 8 Cola	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2276</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9/En 10		\$62.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3,07	\$11.42	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.97	\$62.70	\$0.00	\$14.22	\$15.72		\$18.88	\$3.07	10,19	\$1.19
	Quarterly Per Diem Rate Prior to Add-ons		and the second								(FRV)	
15		Ln 14 x Grwth Allwac %	\$14.90	\$8,38	\$0.00	\$1.90	\$2,10	\$0.00	\$2.52	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$140.87	\$71.08	\$0.00		\$2,10 \$17.82					
17		per Current Qtr End	\$140,67		30.00	\$16.12	\$17.02	\$0,00	\$21.40	\$3.07	\$10.19	\$1,19
18		Ln 16 x Ln 17		1.7872								
19				\$127.03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$196.82	\$127.03	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.27	\$1.27		i						
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.71	\$5.61	\$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	\$220.53	\$132.64	\$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	\$152.57					<u> </u>		L		

	ovider: Chestnut Ridge Nursing & Rehabilitation Center	<u>Ad</u>	d-on Data and P	ercentages th Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (C	CMI) Data	.	Facility Specific	State- wide
PΓ	vdr ID: 00228049A Case Mix Per Diem Rate Effective Date:	10/1/2019		nn Allowance: ly BIMS score	N/A 27.0%	13.37%			l Overall CMI dedicaid CMI		1.5075 1.4802	1.4014 1.4446
	. MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours per			2.92	2.0%	Ortrly Mcaid	CMI w RUG \			1.5048	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	ď	e	f	g		h	i
C/	ASE MIX BASED RATE CALCULATIONS					Ì						
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
•	Type of Facility within Peer Group Bed Size Range within Peer Group	(act rolloy walled)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Slandards: Percentile Peer Group Slandards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Feel Group Standards, Montpiler Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0,00	\$0.22	\$0,41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R • FY 18 GL-PL Rpt	\$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 Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY10		1.5075								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59,91	\$0.00	\$13.70	\$13,51		\$26.53		\$18.60	\$0.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	1 1	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 = 13.4%	Ln 14 x Grwth Allwnc %	\$14.86	\$8.01	\$0.00	\$1.83	\$1.81	\$0.00	\$3.21	1 1	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.5048				İ				
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Dieπ	Ln 16 x Ln 17		\$102.21								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.21	\$102.21	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.02	\$1.02								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.04	\$2.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1 1		
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
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.53	\$105,80	\$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	\$129.32									
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	Provider:	Christian City Convalescent Center, Inc.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
	Prvdr ID:	00158034A		Growth Allowance:	N/A	13.37%	Base Períod Overall CMI:	1.4851	1.3617
1		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	49.3%	5,5%	Quarterly Medicaid CMI:	1,3688	1.4446
1		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive;	3.65	3.0%	Qrtrly Moaid CMI w RUG Wight Options:	1,3946	1.4694
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
-			i i i er jir a dangah	[1995 1291 6 [1991]	C	d	radionii e idinii i	iiii kiir fijii	THE GRANT	dina galari	syraggaz h yggygdi'	
<u> c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,651,901	\$6,812,981	\$0	\$1,123,103	\$858,545	\$477,649	\$2,518,543	\$481,195	\$379,885	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$274,623)	\$0	so	\$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 Srvcs	Ln7/Ln8Cola	\$176.36	\$97.00	\$0.00	\$15.99	\$18.77	(with L&H)	\$32.32	\$6.99	\$4.79	\$0.50
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4851</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65,32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.32	\$0.00	\$15.99	\$18.77		\$32.32	\$6.99	\$4.79	\$0,50
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.76	\$65.32	\$0.00	\$15.99	\$18.77		\$20.56	\$6.99	12.63	\$0,50
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.13	\$8.73	\$0.00	\$2.14	\$2.51	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 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		1.3946								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186,11	\$103.27	\$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 ([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		so.oo	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5,68	\$5.68		,			25.00		\$3,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.10	\$3.10								
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	\$9.94	\$9.31	\$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	\$196.05	\$112.58	\$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	(£n 25 - Ln 23) * 0,75	\$147.04)	<u> </u>						
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Provider: Chulio Hills 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: 00143437A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,2223	1.3617
Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	36.4%	2.5%	Quarterly Medicaid CMI:	1,5801	1,4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	4.27	2.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.6076	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			apper a philibil	::::::::::::::::::::::::::::::::::::::	ining calasi	and distant	majiim e piran n	rigge Calabia	in idg	9	::::h::::	· i
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,224,295	\$2,404,577	\$0	\$457,998	\$305,687	\$321,514	\$597,884	\$109,714	\$26,921	\$0
6	Audit Adjustments and Reatlocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,618)	(\$7,968)	\$0	\$0	\$0	(\$1,365)	(\$45,271)		(\$18,485)	\$26,471
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,177,677	\$2,396,609	\$0	\$457,998	\$305,687	\$320,149	\$552,613	\$109,714	\$8,436	\$26,471
8	Total Nursing Facility Days As Filed Days = 34,110	FY12 Audited C/R Days	34,110									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,250	FY 18 GL-PL Ins Rpt Days								33,250		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$122.57	\$70.26	\$0.00	\$13.43	\$18.35	(with L&H)	\$16.20	\$3,30	\$0.25	\$0.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2223								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.48							,	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.50	\$57.48	\$0,00	\$13.43	\$18.35		\$16.20	\$3.30	9,96	\$0.78
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		1.6076								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104,77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$173.21	\$104,77	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.62	\$2.62								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 Las 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	\$196.56	\$110.02	\$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	\$134.60					1		·		

	Provider: Church Home Rehab & Healthcare Prvdr ID: 00140467A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: tirly BIMS score	31.6%	Add-on Percent 13.37% 2.5% 3.0%			f Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.2835 1.4047 1.4328	State- wide 1.3617 1.4446 1.4694
Line #	B Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	107 117 2422 247 244 244 244 244 244 244 244 2		a significand by tegen	p.manu D.mana			itumpai e mmini	Lagrana Lagrana	g	atiii ingermai	litika milii i h ika kita m	rayaria tayay
1	CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,416,690	\$1,369,585	\$0	\$266,767	\$111,575	\$190,478	\$437,521	\$9,292	\$31,472	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,507)	\$0	\$0	\$0	(\$217)	(\$370)	(\$7,920)		(\$13,849)	\$13,849
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,408,183	\$1,369,585	\$0	\$266,767	\$111,358	\$190,108	\$429,601	\$9,292	\$17,623	\$13,849
8		FY12 Audited C/R Days	17,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days								26,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1,01	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1,2835</u>						1		

2:	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$23.74	\$6.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
2:	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	£n 19 Col b x Sting Add-on	\$2.99	\$2.99								
2		Ln 19 Col b x CPS Add-on	\$2,49	\$2.49								
2		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	Quarterly Per Diem Add-on Amounts											P. C. C. C. C. C. C. C. C. C. C. C. C. C.
1:	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$188.17	\$99.65	\$0.00	\$17.39	\$19,65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
1:	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.65								
1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4328								
10	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$158.07	\$69.55	\$0.00	\$17.39	\$19.65	\$0.00	\$23.31	\$0.35	\$27.02	\$0.80
1		Ln 14 x Grwth Allwric %	\$15,32	\$8.20	\$0.00	\$2.05	\$2.32	\$0.00	\$2.75	N/A	N/A	N/A
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
1	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	\$0.80
1	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
ļ 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.34	\$17.33		\$24.70	\$0.35	\$1.01	\$0.80
1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$61.35								
1	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1,2835								
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$138.27	\$78.74	\$0.00	\$15.34	\$17.33	(with L&H)	\$24.70	\$0.35	\$1,01	\$0.80
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,255	FY 18 GL-PL Ins Rpt Days								26,255		
3	Total Nursing Facility Days As Filed Days = 17,393	FY12 Audiled C/R Days	17,393				,					
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
		FY12 C/R Audit Adjstmts	(\$8,507)	so	\$0	SO.	(\$217)	(\$370)	(\$7,920)	40,202	(\$13,849)	\$13,849
		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	şo
	Base Period Per Diem Allowed Amounts	(300 1 only manual)		\$0.00	\$0.00	\$0.22	40,47		ψ0.57			
- 4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			

	rovider: Clinch Health Care rvdr ID: 00142106A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 23.9% 2.55	Add-on Percent 13.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3288 1.4053 1.4296	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	, ь	c	d ,	e	f	9	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,938,880	\$1,460,510	\$0	\$316,871	\$183,612	\$218,595	\$492,391	\$19,237	\$247,664	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$4,062) \$2,934,818	\$0 \$1,460,510	\$0 \$0	\$0 \$316,871	\$0 \$183,612	\$0 \$218,595	(\$37,984) \$454,407	\$19,237	\$10,841 \$258,505	\$23,081 \$23,081
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 29,010	FY12 Audited C/R Days	29,010	\$1,460,510	\$0	\$310,071	\$100,012	\$210,080	\$454,407	\$19,237	\$236,303	\$23,061
•	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,515	FY 18 GL-PL Ins Rpt Days								23,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101.32	\$50.35	\$0.00	\$10.92	\$13.86	(with L&H)	\$15.66	\$0.82	\$8.91	\$0,80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3288</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$37.89							****	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$37.89	\$0.60	\$10.92	\$13.86		\$15.66	1 1	\$8.91	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$86.76	\$71.51 \$37.89	\$0.00	\$18,41 \$10,92	\$23.09 \$13.86		\$20.56 \$15.66	1 1	N/A 6,81	\$0.80
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Lit 12 of Lit 13	\$80.76	\$37.89	\$0.00	\$10.92	\$13.00		\$10,00	50.02	(FRV)	\$0,00
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$10.47	\$5.07	\$0.00	\$1.46	\$1.85	\$0.00	\$2.09	1 1	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		1.4296					ļ			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17	2445.50	\$61.42	60.00	640.00	645.74	\$0.00	\$17.75	\$0.82	\$6.81	\$0.80
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$115.69	\$61.42	\$0.00	\$12.38	\$15,71	\$0.00	\$17.75	\$0.62	\$0.01	\$0.60
	Quarterly Per Diem Add-on Amounts											İ
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.61	\$0.61								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.23	\$1,23								
. 23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10		****	20.00			\$17.10	1	00.00	F0.00
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		-	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$136.16	\$63.79	\$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	\$89.30									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
L	1	 	1	4								

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$97.43

(Ln 27 - Ln 23) * 0.75

Provider:	Coastal Manor			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00856028A	Case Mix Per Diem Rate Effective Date;	10/1/2019	Growth Allowance; Qtrly BIMS score	N/A 40.9%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.3441 1.3895	1.3617 1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	5.01	2.0%	Ortrly Meaid CMI w RUG Wght Options:	1.4170	1.4694
	a and a large constraint of the constraint		V	p. 2. (2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				e a a la segui	

ine # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	ili in in bulling.	i de Carrier	đ	e	Migran f (ligares	gring	g	let Verden h ener niger	
CASE MIX BASED RATE CALCULATIONS											1
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,004,109	\$3,214,333	\$0	\$920,655	6444.075	reen and	\$1,418,483	0447 400	C4 CD0 CD5	
Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$69,710)	\$3,214,333	\$0 \$0	\$920,655	\$444,875	i '		\$117,406	\$1,220,035	\$1
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,934,399	\$3,214,333	\$0	\$920,655	\$3,632 \$448,507	\$5,455 \$673,777	(\$88,647) \$1,329,836	\$117,406	(\$3,213) \$1,216,822	\$13,063 \$13,063
8 Total Nursing Facility Days As Filed Days = 36,013	FY12 Audited C/R Days	36,013	40,214,000	Ų.	4320,033	V-10,501	\$010,777	\$1,020,000	\$117,400	\$1,210,022	\$13,00
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,331	FY 18 GL-PL ins Rpt Days	00,510							37,331		
9 Net Per Diems prior to Case Mix Adistmt to Routine Srycs	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	46.55		•••••	1	400.00	\$6.11	000.70	1 40.0
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.40								l
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.40	\$0.00	\$25,56	\$31.16		\$36.93	\$3,14	\$33.79	\$0.36
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.95	\$66.40	\$0.00	\$25,56	\$23.09		\$20.56	\$3,14	16.84	\$0.30
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.14	\$8.88	\$0,00	\$3,42	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	չո 14 + Լո 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		1.4170								1
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	į	\$106.67								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr≃ Ln 16	\$205.48	\$106.67	\$0.00	\$28.98	\$26,18	\$0.00	\$23.31	\$3.14	\$16.84	\$0,36
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.67	\$2.67							23,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.13	\$2.13								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,65	\$5,33	\$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	\$228.13	\$112.00	\$0.00	\$29.20	\$26.18	\$0.00	\$40.41	\$3.14	\$16.84	\$0.30
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$158,27			L		Ę	<u> </u>	L		1

Provider:	Cobblestone Rehab and Healthcare Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00142711A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score	N/A 19.4%	13.37% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.4590 1.3073	1.3617 1.4446
	wipo & Nuise nis bata per Quarter Ending.	00/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.17	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3292	1.4694

Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ASE MIX BASED RATE CALCULATIONS				C C	de de la constitución de la cons	е	lagger (Tarent)	institi gʻestici	enining in the		train, Larras
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,715,072 (\$50,908)	\$1,561,328 (\$2,304)	\$0 \$0	\$321,006 (\$9,289)	\$288,241 (\$811)	\$230,071 \$1,104	\$858,311 (\$38,342)	\$6,221	\$449,894 (\$67,207)	\$0 \$65,941
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,374 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,878	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$3,664,164 20,374	\$1,559,024	\$0	\$311,717	\$287,430	\$231,175	\$819,969	\$6,221 19,878	\$382,687	\$65,941
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 l.n 9 / l.n 10	\$179,85	\$76.52 <u>1.4590</u> \$52.45	\$0.00	\$15.30	\$25.45	(with L&H)	\$40.25	\$0,31	\$18.78	\$3.24
12 13 14	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$133.21	\$52.45 \$71.51 \$52.45	\$0.00 \$0.00 \$0.00	\$15.30 \$18.41 \$15.30	\$25.45 \$23.09 \$23.09		\$40.25 \$20.56 \$20.56	\$0.31 \$0.00 \$0.31	\$18.78 N/A	\$3.24
	Quarterly Per Diem Rate Prior to Add-ons	20000 0, 21 12 01 21 10	\$133,21	\$32.43	\$0.00	\$15.50	\$23.05		\$20.56	\$0.51	18.26 (FRV)	\$3.24
15 16 17 18	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 x Grwth Alfwnc % Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$14.90 \$148.11	\$7.01 \$59.46 <u>1.3292</u> \$79.03	\$0.00 \$0.00	\$2.05 \$17.35	\$3.09 \$26.18	\$0,00 \$0,00	\$2.75 \$23.31	N/A \$0.31	N/A \$18.26	N/A \$3.24
19	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts	RS = Ln 18, AllOthr = Ln 16	\$167.68	\$79.03	\$0.00	\$17.35	\$26.18	\$0.00	\$23.31	\$0.31	\$18.26	\$3.24
20 21 22	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 0.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Stfag Add-on	\$0.75 \$0.00 \$2.37	\$0.53 \$0.00 \$2,37	\$0,00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$20.22	\$2.90	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.90	\$81.93	\$0.00	\$17.57	\$26.18	\$0.00	\$40.41	\$0.31	\$18.26	\$3.24
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 • Ln 23) * 0.75	\$128.10									

Provider; Prvdr ID;	College Park Healti 00140654A	h Care Center Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on Data and Percentage Growth Allowa Qtrly BIMS s Nurse Hours per On-Site Day/Quality Incen	ce: N/A ore 27.6%	Add-on Percent 13.37% 1.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.2906 1.3100 1.3307	State- wide 1.3617 1.4446 1.4694
Line #	Description		Sou Calcu	rces / Totals Routing lations a b		Dietary d	Laundry & Plant Admin Operatris and & Maint General e f g	A&G- GL-PL Property and Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Operatos & Maint	and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			gargi a istani:	aminin b erengi.	anii califa	d	desergi e appeara	is an factor	g	g	ilian ah amang	·
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,335,885	\$2,566,909	\$0	\$508,923	\$326,800	\$230,266	\$1,020,157	\$17,861	\$664,969	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$624,264)	(\$246,813)	\$0	(\$4,986)	\$9,885	\$834	(\$362,911)		(\$66,906)	\$46,633
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,711,621	\$2,320,096	\$0	\$503,937	\$336,685	\$231,100	\$657,246	\$17,861	\$598,063	\$46,633
8	Total Nursing Facility Days As Filed Days = 32,452	FY12 Audited C/R Days	32,452									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,852	FY 18 GL-PL Ins Rpt Days								29,852		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$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		<u>1.2906</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ln 9/ln 10		\$55.39								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$55.39	\$0.00	\$15.53	\$17.50		\$20,25	\$0.60	\$18.43	\$1.44
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.35	\$55.39	\$0.00	\$15,53	\$17.50		\$20.25	\$0,60	7.64	\$1.44
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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	0.02.00	1.3307	45.55		0,0.0,	\$0.00	V 22.00	45,55	U7.04	Ψ1
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.57							į	
19	Quarterly Medicaid CMA Atlowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$153.66	\$83.57	\$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 ([Stnd - 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		so.oo	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84			22,11	75.00	15.25		35.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$21.00	\$3.04	\$0.00	\$0.22	\$0.41	\$0.00	\$17.33	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	l.n 19 + Ln 24	\$174.66	\$86.61	\$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	\$118.17						I	J	<u>1</u>	

	ovider; Comer Health and Rehab vdr ID: 00220448A Case Mix Per Diem Rate Effective Date:	Adv		ercentages dh Allowance; fy BIMS score	Facility Score N/A 48.4%	Add-on <u>Percent</u> 13.37% 5.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2625 1.2751	State- wide 1.4014 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours per 0	On-Site Day/Quality Incentive:		3.58	3.0%	Ortrly Mcaid CMI w RUG Wght Options:				1.2948	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	•		а	b	С	d	e	f	g		h	i
C.	ASE MIX BASED RATE CALCULATIONS					Ì						
				1	1	2		_	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	7 All Facilities	Free Standing	1 All Facilities	1 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			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$4,832,506	\$2,286,566	\$0	\$512,396	\$260,364	\$236,923	\$1,068,433	\$110,589	\$357,235	l s
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)	\$6,29
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	\$6,29
8	Total Nursing Facility Days As Filed Days = 29,059	12/31/14 Audited C/R Days	29,059									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,270	FY 18 GL-PL Ins Rpt Days								38,270		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.67	\$78.69	\$0.00	\$17.63	\$17.11	(with L&H)	\$19.05	\$2.89	\$12.08	\$0.2
10.	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.2625								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = La 11, AllOthr = Ln 9		\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	\$12.08	\$0.2
13	Per Diem Standards (After Statewide CMA for Routine Stress)	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 En 12 or Ln 13	\$126.96	\$62.33	\$0.00	\$17.63	\$17.11		\$19.05	\$2.89	7.73	\$0.2
	O A L D OL ON DAY AND AND AND										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons 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		\$19.40	\$0.00	\$21.60		\$7.73	\$0.2
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	V) (12, 10	1.2948	\$0.00	\$10.00	710.10		1	42.00	4	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91,49								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	\$163,32	\$91.49	\$0.00	\$19.99	\$19.40	\$0.00	\$21.60	\$2.89	\$7.73	\$0,2
	•											
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$5.03	\$5.03								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.74	\$2,74					\$17.10			
23 24	Nursing Horne Provider Fee	Sum of Lns 20 thru 23	\$17.10 \$26.40	\$8.30	\$0.00	\$0.22	\$0.41	\$0,00		1 1	00.02	\$0.0
	Total Quarterly Per Diem Add-on Amounts		-			1						
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189,72	\$99.79	\$0,00	\$20.21	\$19.81	\$0.00	\$39.07	\$2.89	\$7.73	\$0.2
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$129.47									

1	ovider: Comfort Creek NRC of Wadley vdr ID: 00141138A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add-on Data and Percentages Growth Allowance: 10/1/2019 Qtriy BIMS score 06/30/19 Nurse Hours per On-Site Day/Quality Incentive:		27,1%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility <u>Specific</u> 1,3067 1.5260 1.5551	State- wide 1.3617 1.4446 1.4694	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a		······································	alassii d iidiidii	Alteria de la composición della composición dell	emilia f asioi.	g	g	iii.	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS							-				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	**************************************		***************************************
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,313,003	\$1,637,015	\$0	\$393,190	\$281,831	\$243,271	\$414,537	\$91,806	\$251,353	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$56,048)	so	\$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 Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46,33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.38	\$46.33	\$0,00	\$14.54	\$19.42		\$13,33	\$2.80	8,30	\$1.66
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	£n 14 x Grwth Allwnc %	240.54									
16	Growth Alloward Per Pior (Afric Court Alloward Per Pior (Afric	Lr. 14 + Ln 15	\$12.51	\$6.19	\$0.00	\$1.94	\$2.60	\$0.00	\$1.78	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$118.89	\$52.52	\$0.00	\$16.48	\$22.02	\$0.00	\$15,11	\$2.80	\$8.30	\$1.66
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.5551 \$81.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.04	\$81.67	\$0,00	\$16,48	\$22.02	\$0.00	\$15.11	\$2.80	\$8.30	\$1,66
			\$150.04	₩01.07	φυ.υυ	\$10,40	<i>\$22.</i> 02	\$0.00	\$10.11	\$2.00	\$0.30	- 31.00
	Quarterly Per Diem Add-on Amounts										A STATE OF THE STA	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stycs)	Ln 19 Col b x Sting 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 Las 20 thru 23	\$21.90	\$3.80	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00

\$169.94

\$114.63

\$0.00

\$16.70

\$22.43

\$0.00

\$32.58

\$2.80

\$8.30

\$1.66

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

State-

Facility

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

Facility

Add-on

	Provider:	Cook Senior Living Center		Add-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Prvdr ID:	Case Mix Per Diem Rate Effective Date		Qtri	th Allowance: ly BIMS score	N/A 33.3%	13.37% 2.5%	044.8514	Quarterly N	Overall CMI:		1,4305 1,2758	1.3699 1.4446
•		MDS & Nurse Hrs Data per Quarter Ending	: 06/30/19 Nurse Hours p	er On-Site Day/Qua	anty incentive.	3.57	3.0%	Cathy Meald	CMI W RUG (Wght Options:		1.2956	1.4694
	ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	,	•		a	b	c	đ	e	f	g	g	ħ	ì
	CASE N	IIX BASED RATE CALCULATIONS											
		Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	1 Hosp Based	1 All Facilities	1 All Facilities	1 All Facilities			
		Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
		Group Standards & Efficiency Measure Limits										•	
		r Group Standards: Percentile r Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50,0% 105.0%			
		iency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	_												
		Period Per Diem Allowed Amounts iled Cost Center Costs (Routine & Special Srycs 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
		t Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$49,757)	\$0	\$0	\$0	\$0	\$0	(\$49,757)	\$5-1,000	(\$10,009)	\$10,009
		t Conter Costs After Audit Adjustments	FY13 Audited C/R		\$2,237,304	\$0	\$774,735	\$382,651	\$332,494	\$598,388	\$34,380	\$422,345	\$10,009
		otal Nursing Facility Days As Filed Days = 29,794	FY13 Audited C/R Days	29,794	*-1	•	******	******	*,	*	V- 11	- · · · · · · · · ·	* 1,
		otal 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 Adjstmt to Routine Srvcs	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 · Ba	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4305								
	11 R	outine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$52.49								
	12 Net	Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = 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 Srvcs)	per Peer Group Limits		\$73.90	\$0,00	\$28,00	\$23.27		\$23.46	\$0.00	N/A	
	14 Base	e 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
	Quart	erly Per Diem Rate Prior to Add-ons										(FRV)	
	15 Grov	wth 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 CM/	A 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
		uarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2956								
		rtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.10								
	19 Qua	rterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165,22	\$77.10	\$0,00	\$29.48	\$26.38	\$0.00	\$22.76	\$1.08	\$8.08	\$0.34
	Quart	erly Per Diem Add-on Amounts											
	20 Effic	iency 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 BIM:	S Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1.93								
	22 Nurs	se Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sling Add-on	\$2.31	\$2.31								
		sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	24 Tota	l Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.46	\$4.77	\$0.00	\$0.22	\$0,00	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
	25 Quart	erly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$18 7. 68	\$81.87	\$0.00	\$29.70	\$26.38	\$0.00	\$40.23	\$1.08	\$8,08	\$0.34
:	26 Quart	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.94									

Provide Prvdr I	D: 00059892A	ehab Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hour		th Allowance: ly BIMS score	Facility Score N/A 29.4% 5.10	Add-on Percent 13.37% 1.0% 3.0%			l Overall CMI: Medicaid CMI:		Facility Specific 1.1887 1.5674 1.5955	State- wide 1.3699 1.4446 1.4694
· Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
·				а	b	c	đ	e	f	9	g	ħ	i
CASE	MIX BASED RATE CALCI	ULATIONS											
1 Co	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 P 3 P	er Group Standards & Efficiency ber Group Standards: Percentile ber Group Standards: Multiplier fficiency Measure Maximums (see		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Bas	se Period Per Diem Allowed Amo	unts											
5 A	s Filed Cost Center Costs (Routine	& Special Srvcs Combined)	As Filed FY13 C/R	\$2,013,144	\$955,965	\$0	\$246,731	\$110,011	\$70,025	\$347,784	\$77,633	\$204,995	\$0
6 A	udit Adjustments and Reallocations	to Cost Center Costs	FY13 C/R Audit Adjstmts	(/	\$0	\$0	\$0	\$343	\$218	(\$37,974)		(\$14,476)	\$15,067
7 C	ost Center Costs After Audit Adjust	ments	FY13 Audited C/R	\$1,976,322	\$955,965	\$0	\$246,731	\$110,354	\$70,243	\$309,810	\$77,633	\$190,519	\$15,067
8	Total Nursing Facility Days	As Filed Days = 11,808	FY13 Audited C/R Days	11,808									
	Total Nursing Facility Days GL-PL	Ins. Rpt As Filed Days = 23,836	FY 18 GL-PL Ins Rpt Days								23,836		
9 N	let Per Diems prior to Case Mix Adj	stmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164,06	\$80.96	\$0.00	\$20.90	\$15.29	(with L&H)	\$26.24	\$3.26	\$16.13	\$1.28
10	Base Period Facility Case Mix Ind	ex for All Residents	from 4 qtrs of FY10		1.1887								
11	Routine Srvcs Case Mix Adjstd (C	MA) Net Per Diem	Ln 9 / Ln 10		\$68.11								
	let Per Diems after Case Mix Adjstr	nt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	9	\$68.11	\$0.00	\$20.90	\$15.29		\$26.24	\$3.26	\$16.13	\$1.28
	er Diem Standards (After Statewide 0	•	per Peer Group Limits		\$73,90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14 B	ase Period Case Mix Adjusted Allo	wed 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 (FRV)	\$1.28
Qu	arterly Per Dîem Rate Prior to Ad	d-ons											
15 G	Frowth 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 ° C	MA 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		1.5955								
18 .	Ortrly Routine Srvcs Case Mix Ad	jstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$123.20								
19 C	luarterly Medicaid CMA Allowed Pe	r Diem	RS = Ln 18, AllOthr = Ln 1	6 \$201.99	\$123.20	\$0.00	\$21.70	\$17.33	\$0.00	\$26.60	\$3.26	\$8.62	\$1.28
Qu	arterly Per Diem Add-on Amount	s											
20 E	fficiency 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 B	IMS Add-on Per Diem =	1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-or	\$1.23	\$1.23								
22 N	lurse Staff Hrs / Quality Add-on Per	Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-or		\$3,70								
23 N	lursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24 T	otal Quarterly Per Diem Add-on An	nounts	Sum of Lns 20 thru 23	\$22.97	\$5.46	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qu	arterly Case Mix Based Per Diem	ı Rate	Ln 19 + Ln 24	\$224.96	\$128.66	\$0.00	\$21.70	\$17.74	\$0.00	\$43.70	\$3.26	\$8.62	\$1.28
26 _. Qu	arterly Per Diem Rate for Bed Ho	ld and Leave Days	(Ln 25 - Ln 23) * 0.75	\$155.90									

1	rovider: Countryside Health Center rvdr ID: 00141666A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; atrly BIMS score	30.6%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,1147 1,4543 1,4792	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ь	c	d	ė		g	Applied gibbles	(liveline hills)	1
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,031,679	\$1,087,985	\$0	\$271,943	\$177,799	\$169,466	\$268,870	\$40,343	\$15,273	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$28,070)	(\$3,388)	\$0	\$0	\$0	(\$1,344)	(\$23,338)		(\$15,273)	\$15,273
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,003,609	\$1,084,597	\$0	\$271,943	\$177,799	\$168,122	\$245,532	\$40,343	\$0	\$15,273
8	Total Nursing Facility Days As Filed Days = 19,464	FY12 Audited C/R Days	19,464									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,564	FY 18 GL-PL Ins Rpt Days								19,564		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$102,91	\$55.72	\$0.00	\$13.97	\$17.77	(with L&H)	\$12,61	\$2.06	\$0.00	\$0,78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1147</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49,99	\$0.00	\$13.97	\$17.77		\$12,61	\$2.06	\$0.00	\$0,78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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%	£n 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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + l.n 15	\$115.93	\$56,67	\$0.00	\$15.84	\$20,15	\$0.00	\$14.30	\$2,06	\$6.13	\$0.78
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4792								
19	Outrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17	2440.00	\$83,83								
13	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.09	\$83,83	\$0.00	\$15.84	\$20,15	\$0.00	\$14.30	\$2.06	\$6.13	\$0.78
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37	:	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,10	\$2.10								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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 + £n 24	\$165.50	\$88.14	\$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	\$111.30									

	rovider: Covenant Dove- Macon rvdr ID: 00141523A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Ad 10/1/2019 06/30/19 Nurse Hours per	Qtr	rth Allowance: fy BIMS score	Facility Score N/A 34.9% 3.41	Add-on <u>Percent</u> 13.37% 2.5% 1.0%		Quarterly (CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5027 1.7671 1.8004	State- wide 1.4014 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	С	đ	e	f	g	,	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1 1	1	2	1	1	1			
•	Type of Facility within Peer Group	(out toney managy		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			ļ
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
7	Ellicentry measure maximums (see line 20 for actual)	(see Folicy (walldal)		\$0.05	φο.υο	30.22	\$0.41		40.07			
	Base Period Per Diem Allowed Amounts		ļ									
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$3,435,173		\$0	\$252,767	\$176,345	\$179,943	\$720,392	\$11,958	\$361,945	
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$265,777)	\$0	\$0	\$0	\$0	\$0	(\$265,777)	1 1	(\$24,077)	\$24,0
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	\$24,0
8	Total Nursing Facility Days As Filed Days = 17,788	12/31/14 Audited C/R Days	17,788									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,726	FY 18 GL-PL Ins Rpt Days								30,726		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.89	\$97.36	\$0.00	\$14.21	\$20.03	(with L&H)	\$25.56	\$0.39	\$18.99	\$1.
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.5027</u>								
11	· Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$64.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$64.79	\$0.00	\$14.21	\$20.03		\$25.56	\$0.39	\$18.99	\$1.
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.71	\$64.79	\$0.00	\$14.21	\$20.03		\$24.02	\$0.39	8.92 (FRV)	\$1.3
	Quarterly Per Diem Rate Prior to Add-ons										(crev)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Alfwnc %	\$16.45	\$8,66	\$0.00	\$1.90	\$2.68	\$0.00	\$3.21	N/A	N/A	N
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Լո 14 + Լո 15	\$150.16	\$73.45	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8,92	\$1.
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.8004								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$132.24								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208,95	\$132.24	\$0.00	\$16.11	\$22.71	\$0.00	\$27.23	\$0.39	\$8.92	\$1.
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.31	\$3.31								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.32									
23	-	(Fixed Amount)	\$17.10	Ī					\$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.
25		Ln 19 + Ln 24	\$231.84	\$137.40	\$0.00	\$16,33	\$23,12	\$0.00	\$44.33	\$0.39	\$8.92	\$1.
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$161.06		L	.1.	1	l			<u> </u>	L

Provider	Crestview Nursing Facility		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prydr ID:	00273567A Case Mix Per Diem Rale Effective Date:	10/1/2019	Growth Allowance; Qtrly BIMS score	N/A 30,5%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.1823 1.0710	1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	2.83	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.0838	1.4694
Line	Description		Cources / Totals Routine	Special	Dietary	Laundry & Plant Admin A&G-G	SL-PL Property and	Taxes and

Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			Pipeliy a iyyid	i fari beriil	c	i de e	etitastus ė (kinsenii	10000 f 1884 9	g	ine gine	at jetelit e h adaneen	Gertac i nym
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
5	,	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 7 8	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Musting English Page 2000	FY12 C/R Audit Adjstrats FY12 Audited C/R FY12 Audited C/R Days	(\$1,737,823) \$15,607,227	(\$610,837) \$8,664,481	\$0 \$0	(\$349,850) \$1,271,799	(\$63,040) \$1,194,055	(\$177,026) \$876,103	(\$273,838) \$3,189,154	\$155,956	(\$267,314) \$251,597	\$4,082 \$4,082
9	Total Nursing Facility Days As Filed Days = 89,009 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 101,433 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL ins Rpt Days	89,009 \$175.14	\$97.34	\$0.00	64400	éan ag	A	625.00	101,433	20.50	40.0 r
10	Base Period Facility Case Mix Index for Alt Residents	from 4 qtrs of FY12 Ln 9/Ln 10	\$175,14	1.1823 \$82.33	\$0.00	\$14.29	\$23.26	(with L&H)	\$35.83	\$1.54	\$2.83	\$0.05
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$82,33	\$0,00	\$14.29	\$23.26		\$35,83	\$1.54	\$2.83	\$0.05
13 14	· ·	per Peer Group Limits Lesser of En 12 or En 13	\$140.87	\$71.51 \$71.51	\$0.00 \$0.00	\$29.15 \$14.29	\$23.09 \$23.09		\$20.56 \$20.56	\$0,00 \$1.54	N/A 9.83	\$0.08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15 per Current Qtr End	\$17.31 \$158.18	\$9.56 \$81.07 <u>1.0838</u>	\$0.00 \$0.00	\$1,91 \$16.20	\$3,09 \$26.18	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$1.54	N/A \$9.83	N/A \$0,05
18 19		Ln 16 x Ln 17 RS = Ln 18, AllOthr≕ Ln 16	\$164.97	\$87.86 \$87.86	\$0.00	\$16.20	\$26,18	\$0.00	\$23.31	\$1.54	\$9.83	\$0,05
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Ahwd] 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 22	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$2.20 \$2.64	\$2.20 \$2.64								
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$0.00 \$5.06	\$4.84	\$0.00	\$0.22	\$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	\$170,03	\$92.70	\$0.00	\$16.42	\$26.18	\$0.00	\$23.31	\$1.54	\$9.83	\$0.05
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.52			·		·		······································		

Provider: Crisp Regional Nursing and Rehab Ctr Prvdr ID: 00274128A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance: trly BIMS score		Add-on Percent 13.37% 1.0% 3.0%			Overall CMI: Medicald CMI:		Facility <u>Specific</u> 1.4206 1.6066 1.6360	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIV PASED DATE CALCULATIONS		1.0000 a .0000	(idiria barraya	C	d d	e in the second	earatifyees	man+ g milk	Pringues e	ggirri h arra aara	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 Facililies 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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,952,644	\$2,971,066	\$0	\$711,607	\$402,802	\$416,741	\$836,579	\$70,786	\$543,063	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$71,154)	\$0	\$0	so	\$1,048	\$1,086	(\$74,675)		(\$9,002)	\$10,389
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,881,490	\$2,971,066	\$0	\$711,607	\$403,850	\$417,827	\$761,904	\$70,786	\$534,061	\$10,389
8 Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	34,794									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,234	FY 18 GL-PL Ins Rpt Days								25,234		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4206</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.11								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs 13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9		\$60.11	\$0.00	\$20.45	\$23.62		\$21.90	\$2.81	\$15.35	\$0.30
1	per Peer Group Limits Lesser of Ln 12 or Ln 13	2400.04	\$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 LB 12 of LB 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 = 13.37%	En 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 Case Mix Index for Medicaid Residents 18 Ortrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End		<u>1.6360</u>								
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Ln 16 x Ln 17 RS = Ln 18. AllOthr = Ln 16	8409.09	\$111.49	***		****					
19 Quarterly Medicaid CMA Allowed Per Diem	KS = LN 18, AllOINF = LN 16	\$196,89	\$111.49	\$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 - 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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Rouline Stres)	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	\$22.30	\$4.98	\$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	\$219.19	\$116.47	\$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	\$151.57									

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

Provider: Cross View Care Center Prvdr ID: 00142502A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hours		th Allowance: ly BIMS score	Facility Score N/A 24.2% 2,68	Add-on Percent 13,37% 1.0% 3.0%		Quarterly M	CMI) Data I Overall CMI; Medicaid CMI; Nght Options;		Facility Specific 1.1512 1.3528 1.3763	State- wide 1,3699 1,4446 1,4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
•		a	ь	С	ď	e	f	9	g	h	i
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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	FY13 Audited C/R Days	16,252							04.470		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,178	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	6446.54	646.70	60.00	647.04	600 GZ	C.OF LOLD	640.7E	24,178	en an	\$0.00
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 gtrs of FY10	\$116.54	\$46.78 1.1512	\$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 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$40,64								
12 Net Per Diems after Case Mix Adjustmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$17.54	\$23.27		\$23.46	\$0.00	N/A	Ψ2.00
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	\$2.00
·		********	¥ 1010 1	******	4	*		*12.12	*****	(FRV)	
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
• • • • • • • • • • • • • • • • • • • •	Ln 14 + Ln 15	\$13.37 \$123.82	\$3.43 \$46.07	\$0.00	\$2.32 \$19.66	\$3.11 \$26.38	\$0.00	\$2.51	\$0.77	\$7.68	\$2.00
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$125.02	1.3763	Φυ,υφ	313.00	\$20.56	φ0.00	ΨZ1.20	11,00	\$1.00	QZ.00
18 Orthy Routine Srvcs Case Mix Adjatd (CMA) Net Per Diem	Ln 16 x Ln 17		\$63.41								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.16	\$63.41	\$0.00	\$19.66	\$26.38	\$0.00	\$21.26	\$0.77	\$7.68	\$2,00
Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0,00	\$0,00	\$0.37		\$0,00	
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.63	\$0.63	\$0.00	90.22	\$0.00	\$0,00	90,01		\$0,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.90	\$1.90								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10	1.,00					\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.75	\$3.06	\$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	\$161.91	\$66.47	\$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	\$108.61									

1	rovider: Cumming Nursing Center	Particular	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date:	10/1/2019		owth Allowance: trly BIMS score		13.37% 5.5%			d Overall CMI; Medicaid CMI;		1.3016 1.5166	1,3617 1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours po	er On-Site Day/Q	uality Incentive:	4.40	3.0%	Ortrly Mcaid		Wght Options:		1.5453	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.3**			а	History b (Legal)	c	d	odgana e Marki	Heiner frighte	sayata griddidi	g	a gaga h adding	aran I yang
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1				
•	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Maridal)		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	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0,00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,274,534	\$3,015,528	\$0	\$616,662	\$506,007	\$277,751	\$521,994	\$61,923	\$274,669	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$266,253)	(\$5,834)	\$0	\$57	(\$92,450)	(\$9,653)	(\$40,099)		(\$148,090)	\$29,816
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,008,281	\$3,009,694	\$0	\$616,719	\$413,557	\$268,098	\$481,895	\$61,923	\$126,579	\$29,816
8	Total Nursing Facility Days As Filed Days = 31,273	FY12 Audited C/R Days	31,273									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,766	FY 18 GL-PL Ins Rpt Days								41,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 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		<u>1.3016</u>							į	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = £n 9		\$73.94	\$0,00	\$19.72	\$21.80		\$15.41	\$1.48	\$4.05	\$0.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
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)	£n 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	\$150.40	1.5453	\$0,00	420.01	ΨZ-7.7 1	Ψ0.00	Ψ17,-97	\$1.40	φσ.03	\$0.55
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125,28								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$200.61	\$125,28	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.78	\$0,00	\$0.00	\$0.00	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.89	\$6,89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.76	\$3.76								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28.53	\$10.65	\$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	\$229.14	\$135.93	\$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	\$159.03			1				·.		

- 1	Provider: D. Scott Hudgens Center for Skilled Nursing Prvdr ID: 000815493B Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	35.7%	Add-on Percent 13,37% 2.5% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.3112 1.2562 1.2723	State- wide 1.3617 1.4446 1.4694
Lin		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			2	identification (control of the control C	ď	desir engaga.	erykins f ylöjálá	g	i girili	distant h	·::i ::::::::	
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	***************************************	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5		As Filed 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	so.
6		FY12 C/R Audit Adjstmts	(\$4,307)	\$0	\$0	\$0	\$0	\$0	(\$4,307)	V-1,	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$228.72	\$105,54	\$0.00	\$15.74	\$31.84	(with L&H)	\$53.61	\$0.21	\$19.96	\$1.82
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3112								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.49	\$0.00	\$15.74	\$31,84		\$53.61	\$0,21	\$19.96	\$1.82
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.17	\$71.51	\$0.00	\$15.74	\$23,09		\$20.56	\$0.21	28.24	\$1.82
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		La 14 x Grwth Allwac %	\$17.50	\$9.56	\$0.00	\$2.10	\$3,09	\$0.00	\$2.75	N/A	N/A	N/A
16		Ln 14 + Ln 15	\$178.67	\$81.07	\$0.00	\$17.84	\$26.18	\$0.00	\$2.73	\$0.21	\$28.24	\$1.82
17	•	per Current Qtr End	4.70.01	1.2723	45.50	417.04	020.10	00.00	420.01	40.21	\$20.24	\$1.02
18		Լո 16 x Լո 17		\$103.15								
19	, , , , , , , , , , , , , , , , , , , ,	RS = Ln 18, AllOthr = Ln 16	\$200.75	\$103,15	\$0.00	\$17.84	\$26.18	\$0.00	\$23,31	\$0.21	\$28.24	\$1.82
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)		***								
21		Ln 19 Col b x CPS Add-on	\$0.22 \$2.58	\$0,00 \$2.58	\$0,00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
22		Ln 19 Col b x Sting Add-on	\$2.58	\$2.58								
23		(Fixed Amount)	\$17.10	\$3.US					64740			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$5.67	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25						, , , , , , , , , , , , , , , , , , , ,	,			,		
23	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.74	\$108.82	\$0.00	\$18.06	\$26.18	\$0.00	\$40.41	\$0.21	\$28.24	\$1.82

\$154.98

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider:	Dade Health and Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00142865A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.2764	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	40,4%	2.5%	Quarterly Medicaid CMI:	1,2283	1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.14	2.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.2496	1.4694

Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
10.000			a a	rgarije b usanji	C	i i d		ilest, ile 🛉 i jõikees	dina gathar	;.::::g	laridi. ti h eiretger	···· . • . · . · . · . · . · . · . · . ·
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,109,776	\$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 Adjstmts	(\$29,834)	(\$5,040)	\$0	\$0	\$120	\$156	(\$30,573)		(\$7,624)	\$13,127
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,079,942	\$1,712,791	\$0	\$355,660	\$196,805	\$255,474	\$399,951	\$136,420	\$9,714	\$13,127
8	Total Nursing Facility Days As Filed Days = 22,897	FY12 Audited C/R Days	22,897									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,687	FY 18 GL-PL Ins Rpt Days								21,687		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Cola	\$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 qlrs of FY12		1.2764								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.60	\$0.00	\$15,53	\$19.75	•	\$17.47	\$6,29	\$0.42	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.72	\$58.60	\$0.00	\$15,53	\$19.75		\$17.47	\$6.29	8.51	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth 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		1.2496								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83,01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158,19	\$83.01	\$0.00	\$17.61	\$22.39	\$0.00	\$19,81	\$6.29	\$8.51	\$0.57
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Lя 19 Col b x CPS Add-ол	\$2.08	\$2.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.66	\$1.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.37	\$4.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$180.56	\$87.28	\$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	\$122.60		1				}	1		L

1	ovider: Dawson Health & Rehab vdr ID: 00140808A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: Itrly BIMS score	32.1%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2140 1.4180 1.4429	State- wide 1.3617 1.4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	i c	d d	e	iggipg f olosig	ililing para	g	ysiddic h an mae	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts	(**************************************		•====	*****		44,		40.01			
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,350,365	\$1,761,821	\$0	\$384,340	\$200,480	\$225,160	\$423,669	\$74,079	\$280,816	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,716)	\$0	\$0	so	\$0	\$1,400	(\$16,116)	Q1 4,07 0	(\$18,688)	\$18,688
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,335,649	\$1,761,821	\$0	\$384,340	\$200,480	\$226,560	\$407,553	\$74,079	\$262,128	\$18,688
8	Total Nursing Facility Days As Filed Days = 25,645	FY12 Audited C/R Days	25,645									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,096	FY 18 GL-PL Ins Rpt Days								24,096		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.25	\$68,70	\$0.00	\$14.99	\$16.65	(with L&H)	\$15.89	\$3.07	\$10.22	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2140								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.59	\$0.00	\$14.99	\$16,65		\$15.89	\$3.07	\$10.22	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116,14	\$56.59	\$0.00	\$14.99	\$16,65		\$15.89	\$3.07	8.22 (FRV)	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons										,,	
15	Growth Allowance Percentage = <u>13.37%</u>	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)	En 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 Qir End		1.4429								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$158.48	\$92,58 \$92,58	\$0.00	\$16.99	\$18.88	\$0.00	\$18,01	\$3.07	\$8.22	\$0.73
	Quarterly Per Diem Add-on Amounts				·							
20	Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)	(see 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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31	45,00		40.41	Ψ0.00	45.01		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.78	\$2.78								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.72	\$5.62	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Łn 19 + Ln 24	\$182.20	\$98.20	\$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	\$123.83			1				1		

1	rovider: Decatur Health and Rehab Ctr rvdr ID: 00059452A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: ltrly BIMS score	33.3%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.7909 1.5260 1.5535	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
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<u>c</u>	ASE MIX BASED RATE CALCULATIONS				į							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,960,862	\$2,146,119	\$0	\$430,561	\$171,697	\$192,796	\$756,329	\$2,645	\$260,715	sc
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$33,146)	\$0	\$0	so	\$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	so.	\$430,561	\$171,697	\$192,796	\$722,861	\$2,645	\$223,971	\$37,066
8	Total Nursing Facility Days As Filed Days = 23,853	FY12 Audited C/R Days	23,853							-	-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,394	FY 18 GL-PL Ins Rpt Days								24,394		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$164.65	\$89.97	\$0.00	\$18,05	\$15.28	(with L&H)	\$30,30	\$0.11	\$9.39	\$1,55
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.7909								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.24	\$0.00	\$18.05	\$15.28		\$30,30	\$0.11	\$9.39	\$1.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.99	\$50.24	\$0.00	\$18.05	\$15.28		\$20,56	\$0.11	13.20	\$1.5
	Quadado Bas Biana Bata Britanta Add ana										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons 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	\$2.04	\$0.00	\$2.75	\$0.11	\$13.20	\$1.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$102.51	1.5535	30.00	\$20.40	\$17.32	\$0,00	\$23.31	30.11	\$13,20	\$1.5
18	Orlrly Routine Srvcs 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	\$164.44	\$88.49	\$0.00	\$20.46	\$17.32	\$0.00	\$23.31	\$0.11	\$13.20	\$1.5
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.16	\$2,21	90.00	₽ 0.∠2	φυ.41	φυ.υ υ	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	44.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.12	\$5.39	\$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	\$187.56	\$93.88	\$0.00	\$20.68	\$17.73	\$0.00	\$40.41	\$0.11	\$13,20	\$1.55

\$127.85

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: Delmar Gardens of Gwinnett, Inc. rvdr ID: 00395161A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	23.7%	Add-on Percent 13.37% 1.0% 3.0%			l Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2576 1.2698 1.2855	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			ingii a nsinc	5		i i d	ė	iiiiiiiii f	niin g	iji iz i gija aj	gegeneric h den der een	::::::1,:: <u>:</u>
	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,648,011	\$1,978,046	\$0	\$557,581	\$325,331	\$332,932	\$752,169	\$29,732	\$672,220	so
6	Audit Adjustments and Reaflocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$627,613)	\$1,511	\$0	\$0	(\$6,330)	(\$6,478)	(\$121,891)		(\$515,944)	\$21,519
7	Cost Center Costs After Audit 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 GtPL Ins Rpt Days								21,614		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2576</u>								-
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / f,n 10		\$67.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.69	\$67.93	\$0.00	\$18.41	\$23.09		\$20.56	\$1,38	9.39 <i>(FRV)</i>	\$0.93
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Govth Allwac %	647.00	eo oo		00.0			40.77			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc %	\$17,38 \$159.07	\$9.08 \$77.01	\$0.00 \$0.00	\$2,46	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$159,07	1.2855	\$0.00	\$20,87	\$26.18	\$0.00	\$23.31	\$1.38	\$9.39	\$0.93
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181,06	\$99.00	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.99	\$0.99							45,50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.59	\$4,49	\$0.00	\$0.00	\$0,00	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00

\$202.65

\$139.16

\$103.49

\$0.00

\$20.87

\$26.18

\$0.00

\$40.41

\$1.38

\$9,39

\$0,93

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0,75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Delmar Gardens of Smyrna vdr ID: 00296271A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htriy BIMS score	33.3%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	d Overati CMI: Medicaid CMI:		Facility Specific 1.2475 1.2670	State- wide 1.3617 1.4446
Line	Description	Sources /	Totals	Routine	Special	3,0%	Laundry &	Plant Operatos	Nght Options: Admin	A&G- GL-PL	1.2835 Property and	1.4694 Taxes
#	Descriptor	Calculations		Services	Services		Houskpng	& Maint	General	Insurance	Related	Insurance
			a a	atelligi b odigeliş	C.	in indicate	e inicia	111.00 (100.00	g	iii g	h	ginnard mana
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37	Hallian Andrews		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,229,800	\$3,281,705	\$0	\$698,667	\$362,465	\$490,326	\$880,619	\$54,596	\$461,422	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$262,391)	(\$4,960)	\$0	\$0	(\$431)		(\$105,246)	4 54,550	(\$192,666)	\$41,494
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,967,409	\$3,276,745	\$0	\$698,667	\$362,034	\$489,744	\$775,373	\$54,596	\$268,756	\$41,494
8	Total Nursing Facility Days As Filed Days = 41,854	FY12 Audited C/R Days	41,854				-	,	,	,	,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,265	FY 18 GL-PL Ins Rpt Days								38,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$62.76								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.76	\$0.00	\$16.69	\$20.35		\$18.53	\$1.43	\$6.42	\$0.99
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$15,82	\$8.39	\$0.00	\$2.23	\$2.72	\$0.00	\$2.48	N/A	N/A	N/A
16	CMA Alfowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$146.73	\$71.15	\$0.00	\$18.92	\$23,07	\$0.00	\$2.46	\$1.43	\$10.16	\$0.99
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	1 .5.10	1.2835	20.00	\$10.52	425,61	40.00	\$21.01	\$1.73	910.10	Ψ0.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.32						}		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.90	\$91.32	\$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 ([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 Savs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28	ψ0.00	40.22	φυ. 4 1	90,00	φυ,ω(\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.74	\$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	\$190.55	\$96.87	\$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	\$130.09			1						

E	rovider: Douglasville Nursing and Rehab Ctr. rvdr ID: 00141083A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours		owth Allowance: htrly BIMS score	38,0%	Add-on Percent 13.37% 2.5% 2.0%	-	Quarterly i	CMI) Data d Overall CMI: Vedicaid CMI; Vght Options:		Facility <u>Specific</u> 1.5626 1.4659 1.4895	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			i esta a	idala di b ancasi.	c	đ	programa e di ministra	Property	iling galas	g	giba giba h araya a sa	·····à···; i egre
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$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 Adjstmts	(\$51,132)	(\$19,841)	so	(\$6,227)	(\$145)	\$29,333	(\$32,022)	4	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$146.56	\$87.81	\$0.00	\$15.02	\$13.63	(with L&H)	\$17.24	\$1.16	\$10.41	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5626</u>								1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118,88	\$56.19	\$0.00	\$15.02	\$13.63		\$17.24	\$1.16	14.35 (FRV)	\$1.29
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.64	\$7,51	\$0.00	\$2.01	\$1.82	60.00	60.00	.,,		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.52	\$63.70	\$0.00	\$17.03	\$1.82 \$15.45	\$0.00 \$0.00	\$2.30 \$19.54	N/A \$1,16	N/A \$14,35	N/A \$1,29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$132.52	1.4895	\$0.00	\$17.03	\$15,45	\$0.00	\$19.54	\$1,10	\$14.35	\$1.29
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94,88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163,70	\$94.88	\$0.00	\$17,03	\$15.45	\$0.00	\$19.54	\$1.16	\$14.35	\$1.29
	Quarterly Per Diem Add-оп Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0,37		\$0.00	***************************************
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.37	\$2.37			40.71	12.30	\$5.01		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.90	\$1.90								
23	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	\$186.60	\$99.68	\$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	\$127.13							<u> </u>	<u> </u>	

	Provider: Dublinair Health & Rehab Center Prodr ID: 00059947A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: Qtrly BIMS score	Facility Score N/A 36.6% 2.96	Add-on Percent 13.37% 2.5% 3.0%			f Overall CMI; Medicaid CMI;		Facility <u>Specific</u> 1.2467 1.5096 1.5365	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			a	ilia ilia bili ilia	С	d	е	diller francisco	g	g ·	angelian h radi sesa	i .
0	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,803,623	\$3,311,191	\$0	\$767,037	\$393,998	\$396,702	\$679,435	\$191,204	\$64,056	\$0
6	Audit Adjustments and Reaflocations 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 GŁ-PL Ins Rpt Days								44,985		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2467</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$54.46								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$54.46	\$0.00	\$15,83	\$16.02		\$11.53	\$4.25	\$0.23	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.06	\$54.46	\$0.00	\$15.83	\$16.02		\$11.53	\$4.25	7.99	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	-	Ln 14 x Grwth Allwnc %	\$13.08	\$7.28	\$0.00	\$2,12	\$2.14	\$0.00	\$1,54	N/A	N/A	A1/A
16		Ln 14 + Ln 15	\$124.14	\$61.74	\$0.00	\$17.95	\$2.14	\$0.00	\$1.54	\$4.25	\$7.99	N/A \$0,98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0124.14	1.5365	Ψ0,00	\$11.50	\$10.10	\$0.00	\$13,07	\$4.25	\$1.55	\$0,30
18		Ln 16 x Ln 17		\$94.86								
19	1	RS = Ln 18, AllOthr = Ln 16	\$157.26	\$94,86	\$0.00	\$17.95	\$18,16	\$0.00	\$13.07	\$4.25	\$7.99	\$0.98
	Countries Des Claus Add an America											, ,-
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	64.50	60.50	***	40.00		***	***		** **	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.37	\$0,53 \$2,37	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22		Ln 19 Col b x Stfng Add-on	\$2.37	\$2.37 \$2.85								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$2,05					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.85	\$5,75	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	ln 19 + ln 24	\$181.11	\$100,61	\$0.00	\$18.17	\$18.57	\$0.00	\$30.54			
			\$101-11	\$100,07	\$0.00	⇒16.1/	\$18.5/	20.00	\$30.54	\$4.25	\$7.99	\$0.98

\$123.01

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	vider: Dunwoody Health and Rehab Ctr dr ID: 00815295A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owih Alfowance: htrly BIMS score		Add-on <u>Percent</u> 13.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.6363 1.7525 1.7844	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CA	SE MIX BASED RATE CALCULATIONS		a	b	c	iesti (disesti)	е	gyilişti f myaştı	g	maga g digita	::::::::::::::::::::::::::::::::::::::	i
\perp												
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$14,272,181	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$2,524,089	\$5,773	\$733,055	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$524,465)	\$0	\$0	\$0	\$0	\$0	(\$529,813)		(\$199,784)	\$205,132
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$13,747,716	\$8,525,338	\$0	\$1,279,369	\$494,884	\$709,673	\$1,994,276	\$5,773	\$533,271	\$205,132
8	Total Nursing Facility Days As Filed Days = 73,805	FY12 Audited C/R Days	73,805									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 71,443	FY 18 GL-PL Ins Rpt Days								71,443		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$186.27	\$115,51	\$0.00	\$17.33	\$16.32	(with L&H)	\$27.02	\$0.08	\$7.23	\$2.78
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.6363</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$70,59				ļ				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOlhr = £n 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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.34	\$70.59	\$0.00	\$17.33	\$16.32		\$20.56	\$0.08	17.68	\$2.78
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$16,69	\$9.44	\$0.00	\$2,32	\$2.18	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.03	\$80.03	\$0.00	\$19,65	\$18.50	\$0.00	\$23.31	\$0.08	\$17.68	\$2.78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7844								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$142.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$224.81	\$142.81	\$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 = 1.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.43	\$1.43	V -/	1	4-2.1.	75.55	45,55		\$0.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvos)	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	\$22.55	\$4.82	\$0,00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0.00
25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$247.36	\$147.63	\$0.00	\$19.87	\$18.91	\$0.00	\$40.41	\$0.08	\$17.68	\$2.78
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$172.70			1			1			

1	Provider: Eagle Health Prodr ID: 00143151A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	37,3%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3784 1.5655 1.5932	State- wide 1,3617 1,4446 1,4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a ······	ь	c	i d	ajana e dinan	and 60 f 2000	i g	g	1 1 1 h	assar I promi
	CASE MIX BASED RATE CALCULATIONS											
_	, , , , ,						4					
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1	1	2	1	1	1			
1	Pype of Facility Within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	•			72, 200 0/203	Air Dea Gizes	All Ded Gizes	Air Ded Sizes	Pol Dec Sizes	All Ded Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards; Multiplier	(see Policy Manual)		100,0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0,22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,453,079	\$1,892,596	so	\$325,176	\$164,064	\$271,199	\$508,824	\$114,722	\$176.400	60
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	1	' '		1	1		1 '	\$114,722	\$176,498	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$67,575) \$3,385,504	(\$915)	\$0 \$0	(\$1,864)	(\$7,755)		(\$37,510)		(\$33,888)	\$27,177
8	Total Nursing Facility Days As Filed Days = 20,477	FY12 Audited C/R Days	1	\$1,891,681	\$0	\$323,312	\$156,309	\$258,379	\$471,314	\$114,722	\$142,610	\$27,177
"	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 27,726	FY 18 GL-PL Ins Rpt Days	20,477									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	In 7 / En 8 Col a	0400.07	***	***	045.70	200.05			27,726		
10	1	from 4 qtrs of FY12	\$163.87	\$92.38	\$0.00	\$15,79	\$20,25	(with L&H)	\$23.02	\$4.14	\$6.96	\$1,33
11		En 9 / En 10		1.3784								
1	, , , , , , , , , , , , , , , , , , , ,			\$67.02								
12	1	RS = Ln 11, AllOthr = Ln 9		\$67.02	\$0.00	\$15.79	\$20.25		\$23.02	\$4.14	\$6.96	\$1,33
13		per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.47	\$67.02	\$0.00	\$15,79	\$20.25		\$20.56	\$4.14	9.38	\$1,33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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		1.5932								
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121,05								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$200,07	\$121.05	\$0.00	\$17.90	\$22.96	\$0.00	\$23.31	\$4.14	\$9.38	\$1,33
30	Quarterly Per Diem Add-on Amounts	food Solim, Manuall	ma 45	20.50				***				
20 21		(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
1	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,03	\$3,03								1
22		Ln 19 Col b x Sting Add-on	\$3.63	\$3.63								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	A					\$17.10			
24		Sum of Lns 20 thru 23	\$24.92	\$7.19	\$0,00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$224.99	\$128.24	\$0.00	\$18.12	\$23,37	\$0.00	\$40.41	\$4.14	\$9.38	\$1.33
			·									* * * * * * * * * * * * * * * * * * *

\$155.92

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

		Early Memorial Nu	rsing Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prv	dr ID:	00140874A			Growth Allowance:	N/A	13.37%	Base Períod Overall CMI:	1.2350	1.3617
			Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	19.5%	0.0%	Quarterly Medicaid CMI:	1,0693	1.4446
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	4,09	3.0%	Qrtrly Meaid CMI w RUG Wght Options:	1.0830	1.4694
							,			
					Routine	Special		Laundry & Plant Admin A&G. GI	Dennarhe	Taxes

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	atawisa b asalang	c	Titalida aala	e	+044000 f 0400000	g	Protein gramma	<u> para prohibilitata</u>	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS							:				
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	, , ,										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adistrats	\$5,864,202	\$2,508,700	so	\$569,553	\$422,855	\$545,988		\$0	\$34,673	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$14,982 \$5,879,184	(\$72,500) \$2,436,200	so so	(\$447) \$569,106	\$39,877 \$462,732	\$17,103 \$563,091	\$30,725 \$1,813,158	\$0	\$224 \$34,897	\$0 \$0
8	Total Nursing Facility Days As Filed Days = 32,050	FY12 Audited C/R Days	32,050	42, 100,200	-	4505,155	\$102,102	4500,051	\$1,010,100	40	φον,αση	\$0
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,004	FY 18 GL-PL ins Rpl Days	•							33,004		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	in 7 / In 8 Cola	\$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		<u>1.2350</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.55								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61,55	\$0.00	\$17.76	\$32.01		\$56.57	\$0.00	\$1.09	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131.70	\$61,55	\$0.00	\$17.76	\$23.09		\$20.56	\$0.00	8.74	\$0,00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$16.44	\$8.23	\$0,00	\$2.37	\$3.09	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Dîem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$148.14	\$69.78	\$0,00	\$20,13	\$26.18	\$0.00	\$23,31	\$0.00	\$8.74	\$0.00
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End	i	1.0830								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$153.93	\$75.57	\$0.00	\$20.13	\$26.18	\$0.00	\$23.31	\$0.00	\$8.74	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00				,			13.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.27	\$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	\$20.12	\$2.80	\$0.00	\$0,22	\$0.00	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Lл 24	\$174.05	\$78.37	\$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	\$117.71									
		1										

	vider: East Lake Arbor dr ID: 00140137A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score		Add-on Percent 13.37% 5.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2163 1.5242 1.5535	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	igijala, b ootijali	· · · · · c	d	e	ele illie (f . e. ilere)	g	g	ilian ili hama	
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$4,536,622	\$2,343,652	\$0	\$517,435	\$269,383	\$319,818	\$686,805	\$112,768	\$286,761	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$171,960)	\$0	\$0	\$1,371	\$0	\$0	(\$173,331)		(\$50,727)	\$50,727
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,364,662	\$2,343,652	\$0	\$518,806	\$269,383	\$319,818	\$513,474	\$112,768	\$236,034	\$50,727
8	Total Nursing Facility Days As Filed Days = 31,750	FY12 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 Srvcs	Ln 7 / Ln 8 Col a	\$137.88	\$73,82	\$0.00	\$16,34	\$18.56	(with L&H)	\$16.17	\$3,96	\$7.43	\$1.60
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2163</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.69	\$0.00	\$16.34	\$18,56		\$16.17	\$3.96	\$7.43	\$1,60
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Períod 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 Prìor to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8.11	\$0.00	\$2.18	\$2.48	\$0.00	\$2.16	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.86	\$68.80	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9.61	\$1,60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5535</u>								
18	Qrtrly Routine Srvcs 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	\$179.94	\$106.88	\$0.00	\$18.52	\$21.04	\$0.00	\$18.33	\$3.96	\$9,61	\$1,60
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.88	\$5.88								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.14	\$2.14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.65	\$8.55	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25 (Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$206.59	\$115.43	\$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	\$142.12									L

	ovider: Eastman Healthcare ydr ID: 00141974A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hours		vth Allowance; fy BIMS score	39.1%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly f	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility Specific 1.1568 1.4086 1.4346	State- wide 1.3699 1.4446 1.4694
Line #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	b	c	d	e	f	g	g	h	1
C/	ASE MIX BASED RATE CALC	ULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amo	unts											
5	As Filed Cost Center Costs (Routine	& Special Srvcs Combined)	As Filed FY13 C/R	\$4,003,070	\$1,828,756	\$0	\$522,255	\$219,608	\$263,433	\$572,820	\$33,237	\$562,961	\$0
6	Audit Adjustments and Reallocations	to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$58,783)	\$287	\$0	\$0	\$0	\$0	(\$54,036)		(\$21,752)	\$16,718
7	Cost Center Costs After Audit Adjust	iments	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 Adj		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 Ind		from 4 qtrs of FY10		1.1568								
11	Routine Srvcs Case Mix Adjstd (C	, , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$49.50								
12	Net Per Diems after Case Mix Adjstr		RS = Ln 11, AllOthr = Ln 9		\$49.50	\$0.00		\$15,12		\$16,24	\$1.03	\$16,94	\$0,52
13	Per Diem Standards (After Statewide C		per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allo	wed 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 Ad	d-ons										(LVA)	
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)	£n 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		1,4346								
18	Ortrly Routine Srvcs Case Mix Adj	istd (CMA) Net Per Diem	Ln 16 x Ln 17		\$80.51								
19	Quarterly Medicaid CMA Allowed Pe	er Diem	RS = Ln 18, AllOthr = Ln 16	\$143.99	\$80.51	\$0.00	\$18.54	\$17.14	\$0.00	\$18.41	\$1.03	\$7.84	\$0.52
	Quarterly Per Diem Add-on Amount	s											
20	Efficiency Add-on Per Diem ([Stnd-		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
: 21	BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,01	\$2,01								
22	Nurse Staff Hrs / Quality Add-on Per	Diem = 2,0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.61	\$1.61								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Am	nounts	Sum of Lns 20 thn: 23	\$22.25	\$4.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem	ı Rate	Ln 19 + Ln 24	\$166.24	\$84.66	\$0.00	\$18.76	\$17.55	\$0.00	\$35.88	\$1.03	\$7.84	\$0.52
26	Quarterly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$111.86									

Case Mix Per Diem Rate Effective Date: 10/1/2019 Qtrly BIMS score 43.8% 2.5% Quarterly Medicaid CMI: 1.5071 1.4446 MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 2.97 2.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.5351 1.4694	Provider: Prvdr ID;	Eastview Nursing Home 00140885A		Add-on Data and Percentages Growth Allowance:	Score N/A	Percent 13.37%	Case Mix Index (CMI) Data Base Period Overall CMI:	Facility <u>Specific</u> 1,4001	State- <u>wide</u> 1,3617
MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 2.97 2.0% Qrtrly Mcaid CMI w RUG Wght Options: 1.5351 1.4694		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	43,8%				
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive;	2.97	2.0%	Ortrly Moaid CMI w RUG Wght Options:	1.5351	1.4694

	MDO & Noise his Data per Quarter Entiting.	to/30/19 Ruise Hours pe	r on-sile bay/Qi	uziity incentive;	2.97	2.0%	цппу мсаю	CMIWRUG	wgnt Options:		1.5351	1.4694
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Hiji i in b issiyan		and distribute	leitenti: é rjusesse	gysis farga	nu i i gailiúi	g	e.go: oo h	. i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts	1- FT-1-FW 0/B - FV 000 0) 0: 0:										
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,423,853	\$1,789,463	\$0	\$369,801	\$231,565	\$313,337	\$583,423	\$75,881	\$60,383	\$0
6 7	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
8	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
0	Total Nursing Facility Days As Filed Days = 29,341	FY12 Audited C/R Days	29,341									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,662	FY 18 GL-PL Ins Rpt Days		***		***	***			25,662	ļ	
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 qtrs of FY12	\$114,24	\$60,99	\$0.00	\$12.60	\$18.57	(with L&H)	\$17,04	\$2.96	\$1.15	\$0.93
11	· · · · · · · · · · · · · · · · · · ·	Ln 9/Ln 10		<u>1.4001</u>								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$43,56	60.00	040.00	040.57		047.04	***	0.15	***
13	•	per Peer Group Limits		\$43.56	\$0.00 \$0.00	\$12.60	\$18.57		\$17,04	\$2.96	\$1.15	\$0.93
14	•	Lesser of Ln 12 or Ln 13	\$103.44	\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	***
1-4	Base Fellod Case Mix Adjusted Allowed Fell Dietil	Leaser of Cit 12 of Cit 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%	En 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		1.5351								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$142.12	\$75.80	\$0.00	\$14.28	\$21.05	\$0,00	\$19.32	\$2.96	\$7.78	\$0.93
	Quarterly Per Diem Add-on Amounts									j		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.90	\$1.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1.52	\$1.52								
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	\$22.05	\$3.95	\$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	\$164.17	\$79.75	\$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	\$110.30		<u> </u>	I		1		<u> </u>		
	.t		!									

Provide	Eatonton Health & Rehabilition Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID	: 00223473A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.3434	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	43,5%	2.5%	Quarterly Medicaid CMI:	1,2020	1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.25	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1.2172	1,4694

			. On One Dayin	ouncy moonato.	5.25	2,,070	a, a y mount	0	ergin Options.	•	1.2172	1,4004
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	d	i inima e i majjir	eyded (f . 50ey)	::::::::::::::::::::::::::::::::::::::	g	mma halada	Kennel Jeren
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			•
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,078,892	\$2,283,700	\$0	\$430,471	\$226,312	1	\$524,326	\$100,611	\$222,243	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$13,281)	(\$1,926)	\$0 \$0	(\$1,812)	\$1,457	\$1,876	(\$16,303)		(\$13,040)	\$16,467
8	Total Nursing Facility Days As Filed Days = 28,786	FY12 Audited C/R Days	\$4,065,611 28,786	\$2,281,774	au.	\$428,659	\$227,769	\$293,105	\$508,023	\$100,611	\$209,203	\$16,467
٠	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,030	FY 18 GL-PL Ins Rpt Days	26,766							28,030		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.33	\$79.27	\$0.00	\$14.89	\$18.09	(with L&H)	\$17.65	\$3.59	\$7.27	\$0.57
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	\$141.55	1.3434	Ψ0.00	\$14,03	\$10.03	(min zuri)	\$17.05	\$3.59	\$1.21	\$0.57
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59,01								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.01	\$0.00	\$14.89	\$18.09		\$17.65	\$3,59	\$7.27	\$0.57
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	40.07
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.56	\$59.01	\$0,00	\$14.89	\$18.09		\$17.65	\$3,59	8,76	\$0.57
							******				(FRV)	4
	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 Qlr End		<u>1.2172</u>				ļ				
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	****	\$81.43	***							
19	Quarterly Medicaid CMA Allowed Per Diem	KS = Ln 18, AllOlinr = Ln 16	\$151.75	\$81.43	\$0.00	\$16.88	\$20,51	\$0.00	\$20.01	\$3.59	\$8.76	\$0.57
	Quarterly Per Diem Add-on Amounts]		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.04	\$2.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$22,30	\$4.20	\$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	\$174.05	\$85.63	\$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	\$117.71							•		
		[

1	ovider: Effingham Extended Care Facility odr ID: 00140907A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		with Allowance: triy BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2538 1.1874 1.2027	State- <u>wide</u> 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
C	ASE MIX BASED RATE CALCULATIONS		a	b	egga c itis	Lanse di sales	iniliationi ei antinaga	3.000 (566) 6	giring green	g	setytelli. h issa saa	1
IT												
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,499,706	\$3,860,186	\$0	\$1,189,791	\$579,868	\$493,633	\$1,863,313	\$106,864	\$406,051	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$131,107)	(\$85,193)	\$0	\$19,127	\$14,898	\$12,681	(\$103,051)		(\$15,635)	\$26,066
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,368,599	\$3,774,993	\$0	\$1,208,918	\$594,766	\$506,314	\$1,760,262	\$106,864	\$390,416	\$26,066
8	Total Nursing Facility Days As Filed Days = 37,034	FY12 Audited C/R Days	37,034									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,424	FY 18 GL-PL Ins Rpt Days								36,424		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2538</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$81.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.28	\$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										() /(V)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$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)	En 14 + Lก 15	\$177.58	\$81,07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.93	\$10.34	\$0.70
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.2027								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97,50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.01	\$97,50	\$0,00	\$33.05	\$26.18	\$0.00	\$23,31	\$2.93	\$10.34	\$0.70
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.44	\$2,44								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.93	\$2,93								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.47	\$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	\$216.48	\$102.87	\$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	(£n 25 - £n 23) * 0.75	\$149.54									

Provider: Elberta Health Care			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
F	Case Mix Per Diem Rate Effective Date: S & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Sile Day/Quality Incentive:	N/A 50.0% 3.43	13,37% 5,5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.4655 1.7461 1.7804	1.3617 1.4446 1.4694

Description Calculations Services Se		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Site Day/Q	uality Incentive;	3.43	2.0%	Ortrly Moaid	CMI w RUG	Wght Options:		1.7804	1.4694
Cote Center Poor Groups Conter Poor Groups Poor Groups Poor Groups Poor Groups Poor Groups Poor Groups Poor Group Standards: Poor Groups Poor Group Standards: Poor Groups Poor Group Standards: Poor Standards: Poor Standa	Line #			Totals	to the first the second second to the second to the		Dietary	The first and the standard and	Operatns	and	La Manna Sana and Links	and	
Coast Center Peer Groups Coast Center Peer Groups Coast Center Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Machinums (ever Peer				a	ь.	C	- 10 di // 14	е	modél f acció	g	g	h	
Price Circle Standards - As Facilities As	9	CASE MIX BASED RATE CALCULATIONS											
2 Per Group Standards: Protectifie (see Poley Manial) (see Poley Mania	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities		Free Standing	All Facilities	All Facilities	All Facilities			
5 As Filed Cost Center Costs (Routine & Special Srves Combined) 6 Audit Adjustments and Realiscations to Cost Center Costs 6 Audit Adjustments and Realiscations to Cost Center Costs 7 F172 CMR Audit Adjustments 7 F172 CMR Audit Aud	2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100,0%	100.0%	100.0%		105,0%			
6 Audit Adjustments and Realicocations to Cost Center Costs & FY12 CIR Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 FY12 Audited CIR Days 8 Total Nursing Facility Days 1 Total Nursing Facility Days 1 Total Nursing Facility Days 1 Total Nursing Facility Days 1 As Fried Days = 22,388 1 FY12 Audited CIR Days 1 Total Nursing Facility Days 1 Total Nursing Facility Days 1 Total Nursing Facility Days 1 Total Nursing Facility Days CL-PL Ins. Rpt	_												
7 Cost Center Costs After Audit Adjustments		,	•			1					· i		\$0
Total Nursing Facility Days	7		•						ł		1 1		1
Total Nursing Facility Days GL-PL Ins. Rpt	8	·			Ψ1,101,000	40	\$351,740	6200,000	9114,511	\$472,124	954,455	\$15,045	920,300
19 Nel Per Diems prior to Case Mix Adjslimt to Routine Srives Ln 7 / Ln 8 Col a S12.08 S85.52 S0.00 S13.47 S16.76 (with Lett) S21.08 S2.66 S0.58 S0.90 S10.47 S0.00 S13.47 S10.76 S21.08 S2.66 S0.58 S0.90 S10.47 S0.00 S13.47 S10.76 S10.76 S21.08 S2.66 S0.58 S0.90 S10.47 S10.76 S10			FY 18 GL-PL Ins Rpt Days	,							20 467		
Base Period Facility Case Mix Adjist (CMA) Net Per Diem Ln 9 / Ln 10 S44.71 S0.00 S13.47 S16.76 S21.08 S2.66 S0.58 S0.9 S0.9 S2.66 S0.58 S0.9 S2.66 S0.58 S0.9 S2.66 S0.58 S2.66 S0.58 S0.9 S2.66 S0.58 S2.66 S0.58 S0.9 S2.66 S0.58 S0.9 S2.66 S0.58 S0.9 S2.66 S0.58 S0.9 S2.66 S0.58 S2.66 S0.58 S0.9 S2.66 S0.58 S2.66 S0.58 S0.9 S2.66 S0.58 S0.60 S0	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.98	\$65.52	\$0.00	\$13,47	\$16.76	(with L&H)	\$21.08	1 '	\$0.58	\$0.91
Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 94.4.71 \$0.00 \$13.47 \$16.76 \$21.08 \$2.66 \$0.59 \$0.99	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1,4655	-			, ,	•=		-	
Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10										
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$107.04 \$44.71 \$0.00 \$13.47 \$16.76 \$20.56 \$2.66 7.97 \$0.9	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr ≈ Ln 9		\$44.71	\$0.00	\$13.47	\$16.76		\$21.08	\$2,66	\$0.58	\$0.91
Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37% Ln 14 x Griwth Allowance % \$12.77 \$5.98 \$0.00 \$1.80 \$2.24 \$0.00 \$2.75 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
Cutarterly Per Diem Rate Prior to Add-ons Ln 14 x Gnwth Allowance Percentage = 13.37% Ln 14 x Gnwth Allowance Percentage = 13.37% Ln 14 x Gnwth Allowance Percentage = 13.37% Ln 14 x Gnwth Allowance Percentage = 13.37% Ln 14 x Gnwth Allowance Percentage = 13.37% S5.98 \$0.00 \$18.00 \$2.24 \$0.00 \$2.75 N/A	14	Base Períod 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		\$0.91
CMA Allowed Per Diem (Alter Growth Allowance Add-on) Un 14 + Ln 15 Quarterly Facility Case Mix Index for Medicaid Residents Quarterly Facility Case Mix Index for Medicaid Residents Quarterly Medicaid CMA Allowed Per Diem Un 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S159.37 S90.25 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem = 5.5% (In Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (In Routine Srvs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 S25.03 S7.30 S0.00 S15.27 S19.00 S0.00 S15.27 S19.00 S0.00 S23.31 S2.66 S7.97 S0.9 S0.90 S0.00 S15.27 S19.00 S0.00 S0.00 S23.31 S2.66 S7.97 S0.9 S0.90 S0.00		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Ln 16 x Ln 17 S90.25 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$159.37 \$90.25 \$0.00 \$15.27 \$19.00 \$0.00 \$23.31 \$2.66 \$7.97 \$0.90 \$0.0	15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$12.77	\$5.98	\$0.00	\$1.80	\$2.24	\$0.00	\$2.75	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$119,81	\$50.69	\$0.00	\$15.27	\$19,00	\$0,00	\$23.31	\$2.66	\$7.97	\$0,91
Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 S159.37 S90.25 S0.00 S15.27 S19.00 S0.00 S23.31 S2.66 S7.97 S0.9 Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Slnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem =	17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.7804								
Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Sum of Lns 20 thru 24 Sum of Lns 20 thru 25 Sum of Lns 20 thru 25 Sum of Lns 20 thru 25 Sum of Lns 20 thru	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.25								
Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159,37	\$90.25	\$0.00	\$15.27	\$19.00	\$0.00	\$23.31	\$2.66	\$7.97	\$0.91
Efficiency Add-on Per Diem ((Sind - Alwd) x .75, up to max, or 0)		Quarterly Per Diem Add-on Amounts											
BIMS Add-on Per Diem = 5.5% (lo Routine Srvs)	20		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	21		Ln 19 Col b x CPS Add-on	\$4.96									
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25.03 \$7.30 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Łn 19 Col b x Sting Add-on	\$1.81	\$1.81								
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$184.40 \$97.55 \$0.00 \$15.49 \$19.41 \$0.00 \$40.41 \$2.66 \$7.97 \$0.9	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.03	\$7,30	\$0.00	\$0.22	\$0,41	\$0,00	\$17.10	\$0.00	\$0.00	\$0,00
Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) ° 0.75 \$125.48	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.40	\$97,55	\$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	\$125.48		1	ıl		4	<u></u>	1		F

Provid Prvdr	3 ······	10/1/2019		Percentages owth Allowance; triy BIMS score	Facility Score N/A 46.3%	Add-on Percent 13.37% 5.5%	Cas		CMI) Data d Overall CMI Medicaid CMI		Facility Specific 1.1993 1.1894	State- wide 1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours	per On-Site Day/Q		4,48	3.0%	Ortrly Meaid	CMI w RUG			1.2073	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1000			a giliyi	b	William Committee	in idea.	e	Propri f rance	g	g	wije haring.	;:: I
CAS	E MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3	ser Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
Ba	ase Period Per Diem Allowed Amounts											
5 ,	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,357,875	\$1,503,493	\$0	\$530,039	\$198,085	\$288,482	\$670,646	\$7,025	\$160,105	\$0
1	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
1	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		
i i	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188,83	\$85.77	\$0.00	\$30,24	\$27.76	(with L&H)	\$35,52	\$0.40	\$8.62	\$0.52
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.1993</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.52								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71.52	\$0.00	\$30.24	\$27.76		\$35,52	\$0.40	\$8.62	\$0.52
	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$157.72	\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.40	12.49 (FRV)	\$0.52
Qı	uarterly Per Diem Rate Prior to Add-ons										(r.v.v)	
i	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
	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		<u>1,2073</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.88								
19 (Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193,83	\$97.88	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.40	\$12,49	\$0.52
Qı	uarterly Per Diem Add-on Amounts											
20 E	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 8	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Co! b x CPS Add-on	\$5,38	\$5.38								
1	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.94	\$2.94								
1 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,42	\$8.32	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Qu	uarterly Case Mix Based Per Diem Rate	l.n 19 + Ln 24	\$219.25	\$106.20	\$0.00	\$33.05	\$26.18	\$0,00	\$40.41	\$0.40	\$12.49	\$0.52
26 Qu	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$151.61				·		•	J		

Provider: Etowah Landing Care and Rehab Prvdr ID: 00142766A Case Mix Per Diem Rate Effective Date			Percentages with Allowance: trly BIMS score	Facility Score N/A 36.5%	Add-on Percent 13,37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1,3514 1,4755	State- wide 1.3617
MDS & Nurse Hrs Data per Quarter Ending		per On-Site Day/Q		3.29	3,0%	Ortrly Moaid		Wedicald Civil. Wght Options:		1,5014	1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			ь	C	0.000 d (55/5)	<u></u>	f	Saing Blan	g	ya mwihintelala	***** !
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$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 As Filed Days = 32,895	FY12 Audited C/R Days	32,939									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,674	FY 18 GL-PL Ins Rpt Days								24,674		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.91	\$63.35	\$0,00	\$12.71	\$16.07	(with L&H)	\$26.10	\$1.60	\$12.25	\$0.83
10 Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3514								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.88								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.65	\$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 Allwnc %	\$12,87	\$6.27	\$0.00	\$1.70	\$2,15	\$0.00	\$2.75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		1.5014								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17		\$79.80								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$146.17	\$79.80	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00	[\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2.00								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.39	\$2.39								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.65	\$4.92	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.82	\$84.72	\$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		1									

	ovider: Evergreen Health and Rehab vdr ID: 835154999A			owth Allowance:		Add-on Percent 13.37%	Cas		d Overall CMI		Facility <u>Specific</u> 1.4147	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p	C er On-Site Day/Q	trly BIMS score uality Incentive:		5.5% 2.0%	Ortrly Meale		Medicaid CMI: Wght Options:		1.5779 1.6082	1.4446 1.4694
Line #	Description	Sources / Calcutations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	grand b illion	· · · · · · · · · · · ·	d :::::	e		g	g	'n	1:01 1
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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	S
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)	\$25.81
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,532,885	\$2,245,505	so	\$443,541	\$391,351	\$207,126	\$663,162	\$48,450	\$507,935	\$25,81
8	Total Nursing Facility Days As Filed Days = 32,208	FY12 Audited C/R Days	32,208									
l	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,173	FY 18 GL-PL ins Rpt Days								33,173		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20,59	\$1.46	\$15.77	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.4147</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$49.28	\$0.00	\$13.77	\$18.58		\$20,59	\$1.46	\$15.77	\$0.8
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.30	\$49.28	\$0.00	\$13.77	\$18.58		\$20,56	\$1.46	6.85 (FRV)	\$0.8
	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,66	\$6.59	\$0.00	\$1.84	\$2.48	\$0.00	\$2.75	N/A	N/A	N//
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	\$0.8
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6082								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOlhr = Ln 16	\$158.94	\$89.85 \$89.85	\$0,00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.8
	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 Srvs)	Ln 19 Cel b x CPS Add-on	\$4.94	\$4.94	\$2,55			45.00	40.00		\$5,66	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$25.00	\$7.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.94	\$97.12	\$0.00	\$15.83	\$21.47	\$0.00	\$40.41	\$1.46	\$6.85	\$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$125,13	!				1		ı1		1

	ovider: Evergreen Health and Rehab vdr ID: 835154999A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: atrly BIMS score	96.0%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4147 1.5779 1.6082	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	d	е	f	g	g	h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
-	, , , , , , , , , , , , , , , , , , ,	(See Folloy Walldal)		ψ0.00	φο.σσ	ψ0.22	ψ0.41		φο.στ			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,587,311	\$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)	
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 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	* 40.00	***		040 ==	010.50		400.50	33,173	0.15 ==	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 gtrs of FY12	\$140.69	\$69.72	\$0.00	\$13.77	\$18.58	(with L&H)	\$20.59	\$1.46	\$15.77	\$0.80
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 9 / Ln 10		1.4147								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11. AllOthr = Ln 9		\$49.28 \$49.28	\$0.00	\$13.77	\$18.58		\$20.59	\$1.46	\$15.77	\$0.80
13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$49.28 \$71.51	\$0.00	\$13.77 \$18.41	\$18.58		\$20.59	\$0.00	\$0.00	\$0.80
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	\$0.80
14	base reliou case Mix Adjusted Allowed Fel Dielli	203501 01 211 12 01 211 10	\$111.30	φ49.20	φυ.υυ	φ13.77	φ10.50		φ20.30	φ1.40	(FRV)	φυ.ου
	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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.6082								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.94	\$89.85	\$0.00	\$15.61	\$21.06	\$0.00	\$23.31	\$1.46	\$6.85	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.70	\$2.70								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			

\$25.90

\$184.84

\$125.81

\$0.00

\$0.00

\$8.17

\$98.02

\$0.22

\$15.83

\$0.00

\$0.00

\$0.41

\$21.47

\$17.10

\$40.41

\$0.00

\$1.46

\$0.00

\$6.85

\$0.00

\$0.80

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

i	rovider: Fairburn Health Care Center vvdr ID: 00173071A Case Mix Per Diem Rate Effective Date:	10/1/2019	٥	owih Allowance: Itrly BIMS score		Add-on Percent 13.37% 1.0%		Quarterly I	d Overall CMI; Medicaid CMI:		Facility Specific 1.2420 1.3658	State- wide 1,3617 1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours p	er On-Site Day/Q	uality Incentive:	2.33	1.0%	Ortrly Moaid	CMI w RUG 1	Wght Options;		1.3904	1,4694
Line #	Description .	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:-:			а	b	C.	d	iii jariajaj e mašiveran	Hamil f Same	g	g	iiiiiaaaa h ii aaaa y	·····i.,:
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$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)	\$2,265,794	\$0 \$0	\$1,847	\$209,467	(\$1,191)	(\$199,980)	\$131,033	\$180,417 (\$61,554)	\$68,976
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,183,293	\$2,284,951	\$0 \$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	,,	-		2230,707	101.12.0	4552,777	4101,000	\$110,000	400,010
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,265	FY 18 GtPL Ins Rpt Days	,							34,265		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$121.21	\$66,20	\$0.00	\$12.54	\$16.91	(with L&H)	\$16,30	\$3,82	\$3.44	\$2.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2420								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.30	\$0.00	\$12.54	\$16.91		\$16.30	\$3.82	\$3.44	\$2.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$113.55	\$53.30	\$0,00	\$12.54	\$16.91		\$16,30	\$3,82	8.68 (FRV)	\$2.00
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwac %	\$ 13.25	\$7.13	\$0.00	\$1,68	\$2,26	\$0.00	\$2.18	N/A	21/4	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$13.25	\$60.43	\$0.00	\$1,55	\$2.26 \$19.17	\$0.00	\$2.18	\$3.82	N/A \$8.68	\$2.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	7.20.00	1.3904	ψυ.υυ	717,22	913.17	\$0.00	\$10.40	93.02	90,00	φ <u>ε</u> .υι
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.02								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.39	\$84.02	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0.84								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.84	\$0.84								
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	\$20.31	\$2.21	\$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	\$170.70	\$86.23	\$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	\$115.20									

1	rovider: Fifth Avenue Health Care		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	se Mix Index (C			Facility Specific	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 Qtrly BIMS s			38.5%	2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options:				1,3973 1,4254 1,4502	
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			odinya a njuhan		c	d		f	g	g	h	siliana I. m
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0,00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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	\$457,539	\$275,979	(\$1,149)	(\$38,246)	\$130,034	(\$18,768)	\$0 \$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		-		12.5	, , , , ,		, ,,,,,,,,,,	43.5,31.	4.1., 1.5 (
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,579	FY 18 GL-PL Ins Rpt Days								32,579		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.64	\$76.61	\$0.00	\$13.28	\$17.11	(with L&H)	\$17.74	\$4.26	\$15.84	\$0.80
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3973</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54,83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$117,61	\$54.83	\$0.00	\$13.28	\$17.11		\$17.74	\$4.26	9,59 (FRV)	\$0.80
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$13,77	\$7.33	\$0.00	\$1.78	62.00	50.00	\$2,37			1114
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131,38	\$7.33 \$62.16	\$0.00	\$1.78 \$15.06	\$2.29 \$19,40	\$0.00 \$0.00	\$2.37	N/A \$4.26	N/A \$9.59	N/A \$0.80
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$101,00	1,4502	ψυ.ου	\$15.00	φ1 9,4 0	90,00	₩ZV.11	₽4.∠0	39.09	30.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$90.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$159.36	\$90,14	\$0.00	\$15.06	\$19.40	\$0.00	\$20,11	\$4.26	\$9.59	\$0.80
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.25	\$2.25	•							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Rouline Srvcs)	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	\$22,68	\$4.58	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$182.04	\$94.72	\$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	\$123.71									

	lix Per Diem Rate Effective Date: se Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 32.4% 3.78	Add-on Percent 13,37% 2,5% 3,0%		Quarterly I	CMI) Data I Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific.</u> 1.1859 1.1397 1.1536	State- wide 1.3617 1.4446 1.4694
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATION	ie.		1 1 a	ь	C	d	e	Silver (Silver)	g	giiii	gggeregin h -da-ea-ea-a	i
	<u>15</u>											
Cost Center Peer Groups Type of Facility 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 Lil Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for active see line 20 for act		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts												
5 As Filed Cost Center Costs (Routine & Special Sn		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 Cer	nter Costs	FY12 C/R Audit Adjstmls	(\$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 Routi		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 Re 11 Routine Srvcs Case Mix Adistd (CMA) Net Per		from 4 qtrs of FY12		<u>1.1859</u>								
		೬n 9 / En 10 RS = En 11, AllOlhr = ೬n 9		\$93.34	45.00	***				.		
12 Net Per Diems after Case Mix Adjstmt to Routine 13 Per Diem Standards (After Statewide CMA for Routin		per Peer Group Limits		\$93.34	\$0.00	\$36.26	\$38.19		\$42.52	\$1.42	\$24,05	\$0.65
14 Base Period Case Mix Adjusted Allowed Per Dier	•	Lesser of Ln 12 or Ln 13	E+60.46	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
Dase Period Case Mix Adjusted Allowed Per Blei	***	Cesset of Cit 12 of Cit 15	\$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											, ,	
	37%	Ln 14 x Grwth Allwric %	\$19.30	\$9,56	\$0.00	\$3.90	\$3.09	\$0.00	\$2,75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add		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	i i	per Current Qtr End		<u>1.1536</u>								
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) N	let Per Diem	Ln 16 x Ln 17		\$93,52								
19 Quarterly Medicaid CMA Allowed Per Diem		RS = Ln 18, AllOthr = Ln 16	\$192.21	\$93.52	\$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 ([Stnd - Alwd] x .75, up	o to max, or 0)	(see Policy Manual)	\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0	0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2.81	\$2.81								
23 Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$22.25	\$5.15	\$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	\$214.46	\$98.67	\$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	e Days	(Ln 25 - Ln 23) * 0.75	\$148.02									

1	ovider: Folkston Park Care and Rehab vdr ID: 00141006A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: tirly BIMS score	Facility Score N/A 36.8% 2.80	Add-on Percent 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3444 1.3955 1.4182	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	C	i eistrad iiikai	entra de la composição de la composição de la composição de la composição de la composição de la composição de	forms	g	g	inggrisse h :	glifer trees
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,950,013	\$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 Adjstmts	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$46.99								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.00	\$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										(CKV)	
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 Otr End		<u>1.4182</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137,75	\$75,55	\$0.00	\$15.63	\$15.37	\$0.00	\$21,57	\$0,64	\$8.29	\$0.70
	Quarterly Per Diem Add-on Amounts								1			
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,89	\$1.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.51	\$1.51								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.03	\$3,93	\$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 + 1,n 24	\$ 159.78	\$79.48	\$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	\$107.01						1	ıI		

ł .	rider: Fort Gaines Healthcare, LLC dr ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance: trly BIMS score	Facility Score N/A 43.6% 3.19	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4652 1.8082 1.8422	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C C	Special decision	e ilenio l e elitorie	esseriid fetreisse.	reach grid bil	g	<u>h</u>	
LA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,803,512	\$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	FY12 Audited C/R Days	20,637									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 16,990	FY 18 GL-PL Ins Rpt Days								18,990		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility <u>Case Mix Index</u> for Alt Residents	from 4 qtrs of FY12 Ln 9 / Ln 10		1.4652								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$38,05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$38.05	\$0.00	\$14.19	\$17.02		\$19,90	\$0,91	\$18.76	\$1.81
14	Per Diem Standards (After Statewide CMA for Routine Srves) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$110.87	\$71.51	\$0.00 \$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1 44	base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 of En 13	\$110.87	\$38.05	\$0.00	\$14.19	\$17.02		\$19,90	\$0,91	18.99 (FRV)	\$1.81
1	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)	£n 14 + Ln 15 per Current Qir End	\$122.80	\$43.14	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0.91	\$18.99	\$1,81
18	Quarterly Facility Case Mix Index for Medicaid Residents	Ln 16 x Ln 17		<u>1.8422</u>								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.13	\$79.47 \$79.47	\$0.00	\$16.09	\$19.30	\$0.00	\$22.56	\$0,91	\$18.99	\$1.81
	general, manager of professional and pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$105.10	¥1.5.10	\$0,00	\$10.03	\$15.50	\$0.00	Ψ22,30	\$0.51	\$10.55	\$1.01
1 1	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.99	\$1.99								
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$2.38	\$2.38								
1	Nursing Home Provider Fee	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10	***	***				\$17.10			
24	Total Quarterly Per Diem Add-on Amounts		\$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	\$182.13	\$84.37	\$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 - £n 23) * 0.75	\$123.77									

1	rovider: Fort Valley Nursing Ctr. rvdr ID: 00141028A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Add-on Data and Percentages Growth Allowance; 10/1/2019 Qtrly BIMS score		49.1%	Score Percent Case Mix N/A 13.37% Bas 49.1% 5.5% Qu			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5800 1.7283 1.7614	State- wide 1.3617 1.4446 1.4694	
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	-154:55 b (5-15-7)	C	48200 d	ggaran e amin'n	erese foree	g	g	idigidist h oosedist	familia (
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37	***************************************		
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,307,173	\$1,561,186	\$0	\$319,664	\$185,942	\$191,225	\$538,287	\$21,740	\$489,129	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$180,708)	(\$115,773):	\$0	\$1,927	\$140	\$4,328	(\$31,738)	\$21,740	(\$70,637)	\$31,045
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,126,465	\$1,445,413	so	\$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	4.,	,	*,	****	***************************************	7000,010	\ \tag{2.11.15}	\$170,100	•••
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,497	FY 18 GL-PL Ins Rpt Days								23,497		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 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 gtrs of FY12	,	1.5800	•		, ,,,,,,,	,			\$10,70	, ,,,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$36.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	İ	\$36.05	\$0.00	\$12.67	\$15,04		\$19.96	\$0.93	\$16.49	\$1,22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$93.94	\$36.05	\$0.00	\$12.67	\$15.04		\$19.96	\$0.93	8.07 (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		<u>1.7614</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$136.25	\$71.99 \$71.99	\$0.00	\$14.36	\$17,05	\$0.00	\$22.63	\$0.93	\$8.07	\$1.22
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.96	\$3.96	\$2,50	45.22	+ 21		13.07		\$3.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$0.72	\$0.72								
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	\$23,31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$159.56	\$77.20	\$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	\$106.85			······································			•	*		

Provider: Four County Health Care Center Prvdr ID: 00405292A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score		Add-on Percent 13.37% 2.5% 3.0%	•	Quarterly f	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4294 1.5558 1.5846	State- wide 1,3617 1,4446 1,4694
Line Description #	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		dinger a egilik	ь	c	d	ė	Terrore f errore	g	g	: ::::::::::::::::::::::::::::::::::::	*** . 1 ,
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,426,946	\$1,730,353	\$0	\$380,321	\$199,882	\$225,155	\$457,422	\$81,486	\$352,327	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,885)	\$0	\$0	(\$1,911)	\$0	\$0	(\$16,885)		(\$37,539)	\$39,450
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,410,061	\$1,730,353	\$0	\$378,410	\$199,882	\$225,155	\$440,537	\$81,486	\$314,788	\$39,450
8 Total Nursing Facility Days As Filed Days = 25,251	FY12 Audited C/R Days	26,251									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,992 9 Net Per Diems prior to Case Mix Adistmt to Routine Srvcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	****	***						27,992		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 10 Base Period Facility Case Mix Index for All Residents	from 4 otrs of FY12	\$129.71	\$65,92	\$0.00	\$14.42	\$16.19	(with L&H)	\$16,78	\$2.91	\$11.99	\$1.50
11 Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		<u>1.4294</u> \$46.12								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46,12	\$0.00	\$14.42	\$16.19		\$16.78	\$2.91	\$11.99	\$1.50
13 Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$14.42	\$23.09		\$16.78	\$2.91	\$11.99 N/A	\$1.50
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$107.61	\$46.12	\$0.00	\$10.41	\$16.19		\$16,78	\$2.91	9.69	\$1.50
		0.07.07	010.12	\$0.00	V14.42	\$10.15		\$10,70	¥2.51	(FRV)	\$1.50
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%	En 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 <u>Case Mix Index</u> for Medicaid Residents 18 Ortrly Routine Srycs Case Mix Adistd (CMA) Net Per Diem	per Current Qtr End		1.5846								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$150.68	\$82,86 \$82,86	\$0.00	\$16,35	\$18.35	60.00	640.00	60.04	60.00	64.50
Cuarterly intedicald CNIA Allowed Fell Digital	10, Alloui, 40, 10	\$100.66	\$02.60	\$0.00	\$10,33	\$10.35	\$0.00	\$19.02	\$2.91	\$9.69	\$1.50
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2.07								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.49	\$2.49								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10		į	
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.19	\$5.09	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$173.87	\$87.95	\$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	\$117.58									

1	ovider: Fox Glove Court Care and Rehab vdr ID: 00143074A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; ttrly BIMS score	Facility Score N/A 49.4% 3.56	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.5814 1.5471 1.5748	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
25.25			а	b	we c	d	e	design facilities	g	g	milioni hi	i
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS								į			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,028,377	\$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)	V,	(\$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 As Filed Days = 36,744	FY12 Audited C/R Days	36,724									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,957	FY 18 GL-PL Ins Rpt Days								35,957		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$151.33	\$69.76	\$0.00	\$13.30	\$15.54	(with L&H)	\$29.73	\$8,96	\$12.79	\$1.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5814</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.11								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = t.n 9		\$44.11	\$0.00	\$13,30	\$15.54		\$29.73	\$8,96	\$12.79	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111.63	\$44.11	\$0.00	\$13.30	\$15.54		\$20.56	\$8.96	7,91 <i>(FRV)</i>	\$1.25
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$12.51	\$5.90	\$0.00	04.70	an an		60.75			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.51	\$5,90 \$50,01	\$0.00	\$1.78 \$15.08	\$2.08 \$17.62	\$0,00 \$0,00	\$2.75 \$23.31	N/A \$8.96	N/A \$7.91	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$124.14	1.5748	\$0.00	\$15.06	\$17.62	\$0,00	\$23,31	\$8.90	\$7.91	\$1.25
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$78.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152,89	\$78.76	\$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 Diern ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.33	\$4.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting 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	\$24.95	\$7.22	\$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	\$177.84	\$85.98	\$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	\$120.56									

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	Taxes and Insurance	<u>Specific</u> 1,2454 1,3264 1,3489		:MI) Data I Overall CMI: Medicaid CMI; Vght Options:	Quarterly N		Add-on Percent 13.37% 5.5% 3.0%		owth Allowance; trly BIMS score		10/1/2019	ovider: Friendship Health and Rehab Center vdr ID: 00141567A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	
Case Mix Based Rate Calculations Cost Center Peer Groups (see Policy Manual) 1	1	and	Book on a little and account	and	Operators		Dietary		Continues and Co	Totals		Description	
Cost Center Peer Groups		.:::::.m::. h ::::	g	g	Brain faces	e	d	c	b	а			
Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Bed Sizes All Bed Si												ASE MIX BASED RATE CALCULATIONS	<u>C/</u>
Peer Group Standards: Percentile See Policy Manual See Polic				All Facilities	All Facilities	All Facilities	Free Standing	All Facilities	All Facilities		(see Policy Manual)	Type of Facility within Peer Group	1
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt 6 \$3,733,356 \$2,028,953 \$0 \$411,774 \$326,352 \$324,682 \$528,176 \$98,067 \$15,352 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustms (\$40,141) (\$6,289) \$0 \$0 \$0 (\$1,161) (\$39,524) \$7,368 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				105.0%		100.0%	100.0%	100.0%	100.0%		(see Policy Manual)	Peer Group Standards: Percentile Peer Group Standards: Multiplier	3
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjstmts (\$40,141) (\$6,289) \$0 \$0 \$0 \$(\$1,161) (\$39,524) (\$7,984) 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												Base Period Per Diem Allowed Amounts	
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	\$0	\$15,352	\$98,067	\$528,176	\$324,682	\$326,352	\$411,774	\$0	\$2,028,953	\$3,733,356	As Filed FY12 C/R -FY 2018 GL-PL Rp	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	5
, , , , , , , , , , , , , , , , , , ,	\$14,817	(\$7,984)		(\$39,524)	(\$1,161)	\$0	\$0	\$0		(\$40,141)	•	•	- 1
	\$14,817	\$7,368	\$98,067	\$488,652	\$323,521	\$326,352	\$411,774	\$0	\$2,022,664			·	- 1
8 Total Nursing Facility Days As Filed Days = 28,995 FY12 Audited C/R Days 28,995										28,995	,		8
Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 28,896 FY 18 GL-PL Ins Rpt Days 28,896											, ,		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln 7/Ln 8 Col a \$127.37 \$69,76 \$0,00 \$14.20 \$22.41 (with L&H) \$16.85 \$3.39 \$0.25 \$10 Base Period Facility Case Mix Index for All Residents	\$0.51	\$0.25	\$3.39	\$16,85	(with L&H)	\$22.41	\$14.20	\$0,00		\$127.37		· · · · · · · · · · · · · · · · · · ·	- 1
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				242.25		****	24.00	***	-			· , ,	- 1
	\$0.51	1					1 1				•	r i	- 1
	00.54								1	6404.00	•		- 1
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		\$3.39	28.016		\$22.41	\$14.20	\$0.00	\$50.01	\$121,06	Lesser of Di 12 of Di 13	base Period Case Mix Adjusted Allowed Per Dietii	'
Quarterly Per Diem Rate Prior to Add-ons		, , ,											
15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allwinc % \$14,64 \$7.49 \$0.00 \$1.90 \$3.00 \$0.00 \$2.25 N/A N/A	N/A	N/A	N/A	\$2.25	\$0,00		1		1	1 1		-	
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	\$7.69	\$3.39	\$19.10	\$0.00	\$25.41	\$16.10	\$0.00		\$135.70		•	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.3489											,		
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$85,66												- , ,	1
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$157.86 \$85,66 \$0.00 \$16.10 \$25.41 \$0.00 \$19.10 \$3.39 \$7.69	\$0.51	\$7.69	\$3,39	\$19,10	\$0.00	\$25.41	\$15.10	\$0.00	\$85,66	\$157.86	KS = Ln 18, AROTH = Ln 16	Quarterly Medicaid CMA Allowed Per Diem	19
Quarterly Per Diem Add-on Amounts												Quarterly 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		\$0.00		\$0.37	\$0.00	\$0.41	\$0.22	\$0,00	\$0.53	\$1.53	(see Policy Manual)	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	20
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$4.71 \$4.71									\$4.71	1		·	- 1
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$2.57 \$2.57									\$2.57	1	=	-	- 1
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10										1 1	, ,	-	- 1
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$25,91 \$7.81 \$0,00 \$0.22 \$0.41 \$0.00 \$17.47 \$0,00 \$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$0.41	\$0.22	\$0.00	\$7.81	\$25.91	Sum of Lns 20 thru 23	Total Quarterly Per Diem Add-on Amounts	24
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$183.77 \$93.47 \$0.00 \$16.32 \$25.82 \$0.00 \$36.57 \$3.39 \$7.69	\$0.00	\$7.69	\$3.39	\$36.57	\$0.00	\$25,82	\$16.32	\$0.00	\$93.47	\$183.77	Ln 19 + Ln 24	Quarterly Case Mix Based Per Diem Rate	25
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$125.00	\$0.50												

1	ovider: Gateway Health and Rehab Center ovdr ID: 00140786A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Alfowance: htrly BIMS score	25.0%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly l	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1,3591 1,2978 1,3204	State- wide 1.3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	de de bisse	Ċ	dia dia	egsileik e mmida	- Mary F	g	g	masanja .h jem i si	::::::::::::::::::::::::::::::::::::::
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$25,792)	(\$4,437)	\$0	\$0	\$0	(\$197)	(\$26,122)	J ,	(\$8,245)	\$13,209
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,646,421	\$1,445,329	\$0	\$295,579	\$197,632	\$191,825	\$430,640	\$67,243	\$4,964	\$13,209
8	Total Nursing Facility Days As Filed Days = 20,215	FY12 Audited C/R Days	20,215								•	-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,906	FY 18 GL-PL Ins Rpt Days								19,906		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.97	\$71,50	\$0.00	\$14.62	\$19.27	(with L&H)	\$21.30	\$3,38	\$0.25	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3591</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$52.61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52.61	\$0.00	\$14.62	\$19.27		\$21.30	\$3.38	\$0.25	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.31	\$7.03	\$0.00	\$1.95	\$2.58	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$132.02	\$59,64	\$0.00	\$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	1.52.52	1.3204	\$5,00		\$21.00	Ψ0.00	420.01	40.00	Ψ5.02	Ψ0,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151.13	\$78.75	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.79	\$0.79	\$5.00	10,22	40.41	Ψ0.00	00,00		\$ 0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.36	\$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	\$172.54	\$82.43	\$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	\$116.58			<u> </u>			1			

1	vider: Gibson Health & Rehabilitation Center dr ID: 00141116A		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas	se Mix Index (0 Base Period	CMI) Data d Overall CMI:		Facility Specific 1.3210	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19 Nurse Hours pe	Q er On-Site Day/Q	trly BIMS score uality Incentive:	38.4% 3.29	2.5% 3.0%	Ortrly Moaid		Medicaid CMI; Wght Options;		1.4771 1.5031	1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b b	C	ď	isas jäätää e räätämise	policie friction	g	g	y (spilia) h arata aj	::::::::::::::::::::::::::::::::::::::
CA	SE MIX BASED RATE CALCULATIONS				a paragraphic de la constanta							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,366,989	\$2,406,999	so.	\$463,905	\$255,790	\$294,003	\$579,783	\$99,223	\$267,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,499)	\$0	\$0	(\$1,960)	\$620	\$711	(\$20,399)		(\$23,380)	\$25,909
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,348,490	\$2,406,999	\$0	\$461,945	\$256,410	\$294,714	\$559,384	\$99,223	\$243,906	\$25,909
8	Total Nursing Facility Days As 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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.84		İ						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$54.84	\$0.00	\$13.90	\$16.59		\$16.84	\$3,24	\$7.34	\$0.78
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.69	\$54,84	\$0.00	\$13.90	\$16.59		\$16.84	\$3,24	9.50 (FRV)	\$0.78
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$13.66	\$7.33	\$0.00	\$1,86	\$2,22	\$0.00	\$2.25			5115
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$13.00	\$7.33 \$62.17	\$0.00	\$1,86	\$2.22 \$18.81	\$0.00	\$2.25	N/A \$3.24	N/A \$9.50	N/A \$0,78
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$129.00	1.5031	30.00	\$15,76	\$10,01	30.00	\$15.05	\$3.24	\$9.50	\$0,76
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93,45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$160.63	\$93.45	\$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 ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.80	\$2.80								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.77	\$5.67	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 (Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$184.40	\$99.12	\$0.00	\$15.98	\$19.22	\$0.00	\$36.56	\$3.24	\$9.50	\$0.78
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - Ln 23) * 0.75	\$125.48							<u></u>		

Quarterly Case Mix Per Diem Calculation

FINAL

	T: Glen Eagle Healthcare and Rehab T: 003214231A T: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Ho	***	ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 20.7% 3.40	Add-on Percent 13,37% 1.0% 1.0%		Quarterl	(CMI) Data iod Overall CMI; y Medicaid CMI: 3 Wght Options:		Facility Specific Use Stwd 1.8443 1.8803	State- wide 1.3617 1.4446 1.4694
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
	Ì		a	b	C	l d	e	<u>f</u>	g	1	ħ	<u> i </u>
Peer Peer I GL Alle Grand Qu Qu Bill Nu Total	owed @ 90% of Std bowth Allowarice 13.37% MA Allowed Per Diem (After Growth Alowance) Interly Facility Case Mix Index for Medicaid Residents Itly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Interly Medicaid CMA Allowed Per Diem Interly Per Diem Add-On Amounts MS Add-on Per Diem = 1.0% to Routine Srvs) Irse Staff Hrs / Quality Add-on Per Diem = 1.0% Irsing Home Provider Fee I Quarterly Per Diem Add-On Amounts	1	\$158.22 \$16.07 \$148.62 \$212.85 \$1.37 \$1.37 \$17.10 \$19.84	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$8.60 \$72.96 1.8803 \$137.20 \$137.20 \$1.37		2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$2.22 \$18.79	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$2.78 \$23.56 \$23.56	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$2.47 \$20.97 \$20.97	\$ 3.03	\$38.0 \$38.0 9.31 (FRV Rale) \$9.31	\$0.00 \$0.00 \$0.00
Quar	terly Case Mix Başed Per Diem Rate		\$232.70	\$139.94		\$18.79	\$23.56		\$38.07	\$3.03	\$9.31	\$0.00
Leave	e/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$161.70				.l	1	<u> </u>	<u></u>	1	L	

Provider: Glenn-Mor Nursing Home		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- <u>wide</u>
Prvdr ID: 00141149A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.4211	1.3617
Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	47,5%	5.5%	Quarterly Medicaid CMI:	1.2710	1.4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.53	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.2919	1.4694

	mb5 & Nuise his Data per Quarter Chung.	. Corouria Nuise Hours pe	i On-Sile Day/Q	uality incentive:	3.53	3.0%	unny Mcaid	CIVII W RUG	wgni Opilons	;	1.2919	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а		C C	and the second	e	(1944)	g	g	di Panda h iyya iy	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	4. C1. 4 D40 OD D40040 O D D4										
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,369,934	\$1,788,739	\$0	\$812,926	\$197,837	\$336,653	\$786,198	1	\$434,680	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$34,753)	\$0	\$0	\$0	(\$2,626)	(\$4,469)	(\$21,977)	1	(\$12,352)	\$6,671
8	Total Nursing Facility Days As Filed Days = 22,464	FY12 Audited C/R Days	\$4,335,181	\$1,788,739	\$0	\$812,926	\$195,211	\$332,184	\$764,221	\$12,901	\$422,328	\$6,671
٥	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,314	FY 18 GL-PL Ins Rpt Days	22,464							24.244		
9	Net Per Diems prior to Case Mix Adjstrat to Routine Srycs	Ln 7 / Ln 8 Col a	\$193,03	\$79.63	\$0.00	\$36,19	\$23,48	(with L&H)	\$34.02	21,314	640.00	20.00
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12	\$155.05	1.4211	\$0,00	300.13	\$23.46	(MIN COL)	\$34.02	\$0.61	\$18.80	\$0.30
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$29,15	\$23.09		\$20,56	\$0.00	N/A	\$0.50
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		10.17	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.2919								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$175,69	\$82.07	\$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 ([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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.51	\$4.51							-3,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 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	\$24.60	\$7.50	\$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	\$200.29	\$89.57	\$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	\$137.39		ł				1			
1	1											

1	ovider: Glenvue Nursing Home vdr ID: 00141171A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; etrly BIMS score	Facility Score N/A 24.8% 2.97	Add-on Percent 13.37% 1.0% 2.0%		Quarterly t	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1177 1.5305 1.5597	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.51.11			Marine a second	/ b	c	d	(e) (e) (e)	Properties	g	g	ienigega hi erasiisie	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	† All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diern Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs 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	\$D
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 = 40,858	FY 18 GL-PL Ins Rpt Days								40,858		
9	Net Per Diems prior to Case Mix AdjsImt to Routine Srvcs	£n 7 / £n 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 Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.1177</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$86,90								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$86,90	\$0.00	\$29.17	\$18.40		\$22.70	\$2.23	\$15.22	\$0.58
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151,05	\$71.51	\$0.00	\$29.15	\$18.40		\$20.56	\$2,23	8.62 (FRV)	\$0.58
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.67	\$9.56	\$0.00	\$3,90	\$2.46	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	In 14 + In 15	\$16.67	\$9.56 \$81.07	\$0.00	\$3,90	\$20.86	\$0.00	\$2.75 \$23.31	\$2.23	N/A \$8.62	N/A \$0,58
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3.03.72	1.5597	40,00	\$30,00	φ20.00	40.00	Ψ20.01	92.23	. 90.02	90,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$125.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$215.09	\$126.44	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.26	\$1.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.53	\$2.53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.30	\$3,79	\$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	\$236.39	\$130.23	\$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	\$164.47									

Provider;	Glenwood Health and Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- _wide_
Prvdr ID:	00220514A		Growth Allowance:	N/A	13,37%	Base Períod Overall CMI;	1,4921	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	37.5%	2.5%	Quarterly Medicaid CMI:	1,4889	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.36	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.5150	1,4694
1								

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	1300000 b 20000	c	d in the	e	and an finished	ġ	3000 g 1000	Alligham h orang s	a i anda
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	A	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,895,177	\$6,195,898	\$0	\$1,007,691	\$424,893	\$542,118	\$2,298,499	\$5,843	\$420,235	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$629,074)	(\$83,411)	so	\$0	\$0	\$21,826	(\$582,588)		(\$69,229)	\$84,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,266,103	\$6,112,487	\$0	\$1,007,691	\$424,893	\$563,944	\$1,715,911	\$5,843	\$351,006	\$84,328
8	Total Nursing Facility Days As Filed Days = 76,649	FY12 Audited C/R Days	76,649									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 77,164	FY 18 GL-PL Ins Rpt Days								77,164		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 qlrs of FY12		<u>1.4921</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53,45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.45	\$0.00	\$13.15	\$12.90		\$22.39	\$0.08	\$4.58	\$1.10
13	Per Diem Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$108,39	\$53,45	\$0.00	\$13.15	\$12.90		\$20.56	\$0.08	7.15	\$1.10
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	£n 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 Qir End		<u>1.5150</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$91.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$152.98	\$91.81	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.30	\$2.30							, 2.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.58	\$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	\$176.29	\$97.39	\$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	\$119.39		L	<u>, </u>		!		·····i		

Provider Prvdr ID		10/1/2019		owth Allowance: tirly BIMS score	31.0%	Add-on Percent 13,37% 2,5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4106 1.5147 1.5444	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
5.00 L			a	ь	signer c ramins	d	e	ging files	g	g	engelgen h a allandi	i
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pec	r Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier līciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0,22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base	Period Per Diem Allowed Amounts											
1 1	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,182,871	\$1,010,543	\$0	\$257,833	\$147,342	\$126,843	\$355,455	\$10,455	\$274,400	\$0
1 1	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$116,046	\$0	\$0	\$0	\$0	\$0	\$69,122	4.5,165	(\$4,323)	\$51,247
7 Cos	st 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 7	Total Nursing Facility Days As Filed Days = 17,349	FY12 Audited C/R Days	17,349							-		
1 7	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 16,109	FY 18 GL-PL Ins Rpt Days								16,109		
9 Net	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.55	\$58.25	\$0.00	\$14.86	\$15.80	(with L&H)	\$24.47	\$0.65	\$15.57	\$2.95
[1	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4106</u>								
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.29								
1 1	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$41,29	\$0.00	\$14.86	\$15.80		\$24.47	\$0.65	\$15.57	\$2.95
	r Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 ar Ln 13	\$110.96	\$41.29	\$0.00	\$14.86	\$15.80		\$20.56	\$0.65	14.85 (FRV)	\$2,95
1 1	owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$12,37	\$5,52	\$0.00	\$1.99	\$2.11	\$0,00	\$2.75	N/A	N/A	N/A
1 1	IA 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
	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	1	1.5444	75.00	1.5.50	401	45,00		45.55	\$.4.00	42.00
18 0	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$72.29								
19 Qua	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.81	\$72.29	\$0.00	\$16.85	\$17,91	\$0.00	\$23.31	\$0.65	\$14.85	\$2.95
Quar	terly Per Diem Add-on Amounts											
1 1	ciency 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	
1 1	MS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.81	\$1.81								
22 Nur	rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$2.17	\$2.17								
23 Nur	rsing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Tota	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.24	\$4,51	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + En 24	\$171.05	\$76.80	\$0,00	\$17.07	\$18.32	\$0.00	\$40.41	\$0.65	\$14.85	\$2.95
26 Quart	terly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$115.46						1	1		

1	vider: Gold City Health and Rehabilitation Ctr dr ID: 00142975A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 30,4% 2,44	Add-on Percent 13,37% 2.5% 1.0%		Quarterly i	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.5030 1.6431 1.6740	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calcula(ions	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	walioja b ilwijing	· · · · · · · · · · · · · · · · · · ·	d effect		ienen f asce.	i i i g	g.:::::	America hamerica	" I
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,352,187	\$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	so	\$0	\$0	(\$72,395)	110,000	(\$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	FY12 Audited C/R Days	31,811									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,993	FY 18 GL-PL Ins Rpt Days								33,993		
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	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		<u>1.5030</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$40.28								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$40.28	\$0.00	\$9.96	\$11.45		\$14.11	\$0.58	\$5,61	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$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	\$0.81
	Quarterly Per Diem Rate Prìor to Add-ons										(FRV)	
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		<u>1.6740</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126,80	\$76.45	\$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 ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.91	\$1.91								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	En 19 Col b x Sting Add-on	\$0,76	\$0.76								
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	\$21.30	\$3.20	\$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	\$148.10	\$79.65	\$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	\$98.25			-		• • • • • • • • • • • • • • • • • • • •				t

1	ovider: Gordon Health Care Center		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (0	CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00202848A Case Mix Per Diem Rate Effective Date:	10/1/2019		owth Allowance: trly BIMS score	N/A 39.8%	13,37% 2.5%			d Overall CMI:		1,3364	1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/Q		3.24	2.0%	Ortrly Mcaid		Medicaid CMI: Wght Options:		1.4285 1.4538	1.4446 1.4694
Line	Description	Sources /	Totals	Routine Services	Special Services	Dietary	Laundry &	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
#	Description	Calculations		Services	Services		Houskpng	& Maint	General	Insurance	Related	Insurance
. laste			a		pagada complete	d	e die e	Signa factor	5050 g 4005	staro g attisti	seriisehe erejes	sama i sassa
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$6,100,809	\$3,284,919	\$0	\$635,668	\$334,242	\$331,994	\$726,760	\$111,666	\$675,560	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$27,871)	(\$691)	\$0	\$o	\$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	FY12 Audited C/R Days	41,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,095	FY 18 GL-PL Ins Rpt Days								40,095		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.75	\$78,76	\$0.00	\$15.24	\$15.98	(with L&H)	\$16,78	\$2.79	\$15.52	\$0,68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3364								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$58.94	\$0,00	\$15.24	\$15.98		\$16,78	\$2.79	\$15.52	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.53	\$58.94	\$0.00	\$15.24	\$15.98		\$16.78	\$2.79	9.12 (FRV)	\$0.68
	Quarterly Per Diem Rate Prior to Add-ons										(r.v.v)	
15	Growth Allowance Percentage = 13.37%	1.n 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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End		<u>1.4538</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.14								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164.15	\$97.14	\$0.00	\$17.28	\$18,12	\$0.00	\$19.02	\$2.79	\$9.12	\$0,68
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$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	\$187.15	\$102.04	\$0.00	\$17.50	\$18,53	\$0.00	\$36.49	\$2.79	\$9.12	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.54						-			

1	wider: Grace Health Care of Tucker dr ID: 00083267A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 33.8% 2.74	Add-on Percent 13,37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.5096 1.5288 1.5533	State- wide 1.3617 1.4446 1.4694
Line #	Description .	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			1100000 a 200000	b	C	d	Nicolaria de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composic	gytten f rjakti	g	a in g	initia in historia	gerge t eret
C/	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Renge within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,549,909	\$3,263,393	\$0	\$664,916	\$427,723	\$331,978	\$1,156,191	\$91,936	\$613,772	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$60,625)	(\$782)	\$0	(\$183)	\$9,124	\$5,837	(\$88,759)	40.,000	(\$45,919)	\$60.057
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,489,284	\$3,262,611	\$0	\$664,733	\$436,847	\$337,815		\$91,936	\$567,853	\$60,057
8	Total Nursing Facility Days As Filed Days = 43,235	FY12 Audited C/R Days	43,235								-	-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,467	FY 18 GL-PL Ins Rpt Days								40,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.23	\$75.46	\$0.00	\$15.37	\$17.92	(with L&H)	\$24.69	\$2.27	\$13.13	\$1.39
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5096		İ						
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49,99								
12	Net Per Dierns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49,99	\$0.00	\$15.37	\$17.92		\$24.69	\$2.27	\$13.13	\$1.39
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.67	\$49.99	\$0.00	\$15.37	\$17.92		\$20.56	\$2.27	10.17 (FRV)	\$1.39
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	\$13.88	\$6.68	\$0.00	to or	en 40	#0.00	#A 7C	.,,		
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$131.55	\$56.67	\$0.00	\$2.05 \$17.42	\$2.40 \$20,32	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$2.27	N/A \$10,17	N/A \$1,39
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151,55	1.5533	\$0.00	\$17.42	\$20,52	\$0.00	\$20.01	\$2.21	\$10.17	\$1.39
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,03								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOlhr = Ln 16	\$162.91	\$88.03	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,10	\$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	\$186.01	\$93.40	\$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	\$126.68							· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

1	ovider: Gracemore Nursing Center vdr D: 00141182A	10/1/2019		owth Allowance: trly BIMS score	37.1%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.1896 1.2543 1.2709	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
12227.2			a	b b	Militire de la composition della composition del	Alemand Aleman	· · · · · · · · · · · · · · · · · · ·	3696 f 3689	g	9 · · · ·	dagidia h ilitaka	a exactive
<u> </u>	ASE MIX BASED RATE CALCULATIONS				***************************************							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmts	(\$34,124)	\$0	\$0	\$0	\$0	\$560	(\$34,137)		(\$24,197)	\$23,650
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,243,226	\$1,215,491	\$0	\$340,908	\$140,736	\$149,434	\$289,226	\$38,187	\$45,594	\$23,650
8	Total Nursing Facility Days As Filed Days = 17,282	FY12 Audited C/R Days	17,282									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,700	FY 18 GL-PL Ins Rpt Days								15,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.03	\$70,33	\$0.00	\$19.73	\$16,79	(with L&H)	\$16.74	\$2,43	\$2.64	\$1.37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1896</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$122.43	\$59.12	\$0,00	\$18.41	\$16.79		\$16.74	\$2.43	7.57 (FRV)	\$1.37
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	24404	*** **								
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$14.84 \$137.27	\$7.90 \$67.02	\$0.00 \$0.00	\$2.46 \$20.87	\$2.24	\$0.00	\$2.24	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151.21	1.2709	\$0.00	\$20.87	\$19.03	\$0.00	\$18,98	\$2.43	\$7.57	\$1.37
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155,43	\$85.18	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,31	\$0.53	\$0.00	\$0.00	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13							43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfing Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,10	\$5.22	\$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	\$178,53	\$90.40	\$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	\$121.07	'		<u></u>						

Provider: Grandview Health Care Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID; 00141226A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,2061	1.3617
Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	43.9%	2.5%	Quarterly Medicaid CMI;	1,4650	1,4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	2,49	2.0%	Ortrly Moaid CMI w RUG Wight Options:	1,4892	1.4694

	MDS & Nuise His Data per Quarter Ending:	Vo/Su/19 Nurse Hours pe	er On-Site Day/Q	tuality incentive:	2,49	2.0%	Qrtriy Mcaid	CMI w RUG \	Wght Options:		1.4892	1.4694
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			inijir a ningii	dyvitti b ili Veryo	C	В	deride ediliği	gerriegi f laaningi.	:::::: g	of the grider	ijaliki edhe eger	erregij i Like,
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,271,753	\$1,692,297	\$0	\$412,181	\$166,691	\$227,537	\$518,071	\$65,910	\$189,066	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$56,977)	\$129	\$0	\$0	\$0	(\$2,824)		1	\$10,190	\$36,241
8	Cost Center Costs After Audit Adjustments	FY12 Audited C/R Days	\$3,214,776	\$1,692,426	\$0	\$412,181	\$166,691	\$224,713	\$417,358	\$65,910	\$199,256	\$36,241
٥	Total Nursing Facility Days As Filed Days = 21,651	FY 18 GL-PL Ins Rpt Days	21,651									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,923	Ln 7 / Ln 8 Col a					***			20,923		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	from 4 gtrs of FY12	\$148.59	\$78.17	\$0.00	\$19.04	\$18.08	(with L&H)	\$19.28	\$3.15	\$9.20	\$1.67
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/1.n 10		1.2061 \$64.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64,81	\$0.00	\$19.04	\$18.08		\$19.28	\$3.15	\$9.20	\$1,67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	\$9.20 N/A	\$1.07
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.30	\$64,81	\$0.00	\$18.41	\$18.08		\$19.28	\$3.15	9.90	\$1.67
, ,	and the same of th		\$100.00	\$54,51	30.00	\$10.41	\$10.00		\$15.20	\$5.15	9.90 (FRV)	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons										•	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$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>1.4892</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187,38	\$109.43	\$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 ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,31	\$0,53	\$0.00	\$0.00	\$0.41	\$0.00	\$0,37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.74	\$2,74			,,,,,,		1		+3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.19	\$2.19								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.34	\$5.46	\$0.00	\$0.00	\$0.41	\$0.00	\$17,47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.72	\$114.89	\$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	\$145,22		<u> </u>	1		J		1		
·	1		T									

1	ovider: Green Acres Health & Rehab vdr ID: 00083014A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	42.4%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1607 1.4557 1.4793	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			a	galiga b aziyin	c	.:::::::d::::;;::::	:::::::::e::::::::::::::::::::::::::::	State facilities	g	g	:ig:-h:	12.112.11.112.11
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,732,591	\$2,447,155	\$0	\$499,497	\$276,128	\$300,060	\$614,138	\$93,995	\$501,618	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$24,372)	\$0	\$0	(\$1,736)	\$0	\$0	(\$24,372)		(\$23,606)	\$25,342
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,708,219	\$2,447,155	\$0	\$497,761	\$276,128	\$300,060	\$589,766	\$93,995	\$478,012	\$25,342
8	Total Nursing Facility Days As Filed Days = 34,016	FY12 Audited C/R Days	34,016									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,313	FY 18 GL-PL Ins Rpt Days								33,313		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.1607</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.98								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOlhr = £n 9		\$61.98	\$0.00	\$14.63	\$16.94		\$17.34	\$2,82	\$14.05	\$0.75
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	ļ	\$71.51	\$0.00	\$18.41	\$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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	044.00	60.00	an an	24.00	•••	***	** **			
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$14.83 \$138.31	\$8.29 \$70.27	\$0.00 \$0.00	\$1,96 \$16,59	\$2.26 \$19,20	\$0.00 \$0.00	\$2.32 \$19.66	N/A \$2.82	N/A \$9.02	N/A \$0.75
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3130.31	1,4793	\$0.00	\$10,59	\$19,20	\$0.00	\$19.00	\$2.02	\$9.02	\$0.75
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$171.99	\$103.95	\$0.00	\$1 6.59	\$19.20	\$0.00	\$19,66	\$2.82	\$9.02	\$0.75
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.60	\$2.60								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$23,31	\$5.21	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ĺn 19 + Ln 24	\$195.30	\$109.16	\$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	\$133.65							·		

1	orider: Greene Point Healthcare dr ID: 00142634A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	43.6%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2987 1.3797 1.4007	State- wide 1.3617 1.4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а		C	nijepa d ijebio	e in	f.	g	g	fichaelac h eblistaler	I
<u>C</u> A	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,236,306	\$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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$146.21	\$78.27	\$0.00	\$16.34	\$19,04	(with L&H)	\$18.48	\$2.88	\$10,57	\$0,63
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2987</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.27								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.38	\$60,27	\$0.00	\$16.34	\$19.04		\$18,48	\$2.88	8.74 (FRV)	\$0.63
1	Quarterly Per Diem Rate Prior to Add-ons	1-44-0-4-40										
15	Growth Allowards Percentage = 13.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$15.26	\$8.06	\$0,00	\$2.18	\$2.55	\$0.00	\$2.47	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.64	\$68,33	\$0,00	\$18.52	\$21.59	\$0.00	\$20.95	\$2.88	\$8.74	\$0.63
18	Qritrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4007</u> \$95,71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169,02	\$95,71	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1,91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thns 23	\$22.93	\$4.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 (Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$1 91.95	\$100.54	\$0.00	\$18.74	\$22.00	\$0.00	\$38.42	\$2.88	\$8.74	\$0.63
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.14			,				· · · · · · · · · · · · · · · · · · ·		

i -	rovider: Gwinnett Extended Care Center rvdr ID: 00781382A Case Mix Per Diem Rate Effective Date:	10/1/2019	C	owth Allowance: trly BIMS score		Add-on Percent 13.37% 2.5%	***************************************	Quarterly I	d Overali CMI: Medicaid CMI:		Facility Specific 1.4525 1.3707	State- wide 1,3617 1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Site Day/Q	uality Incentive;	4.91	3.0%	Ortrly Moaid	CMI w RUG \	Wght Options:		1,3951	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			8	1986 - 1	c	ď	e	9899 1 38488	g	g	h	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,066,530	\$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 Adjstmts	(\$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	\$(
8	Total Nursing Facility Days As Filed Days = 31,822	FY12 Audited C/R Days	31,822									
	Total Nursing Facility Days GL-PŁ 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 Srvcs	Lл 7 / Lл 8 Cola	\$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		<u>1.4525</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$96.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.69	\$0.00	\$32.68	\$38.62		\$35.45	\$0.33	\$37.13	\$0.0
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158,30	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.33	13.66	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3.90	\$3.09	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$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		1.3951								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113,10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$209.63	\$113,10	\$0.00	\$33,05	\$26.18	\$0.00	\$23.31	\$0.33	\$13,66	\$0.00
	0-4-4-8-8-8-4-4-4-4-4-4-4-4-4-4-4-4-4-4-											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	***		***	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00 \$2.83	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2.83	\$2.63 \$3.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$5.59 \$17.10	\$ 0.03					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.32	\$6,22	\$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	\$232.95		\$0.00	 						
20	MEANTHY WAS CHILD DASED FOI DIGHT NAIL	DI 13 T LJI 24	\$434.95	\$119.32	\$0.00	\$33.05	\$26.18	\$0.00	\$40.41	\$0.33	\$13,66	\$0.00

\$161.89

(i.n 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1 1	Provider: Habersham Home Provid ID: 00141292A			owth Allowance:		Add-on Percent 13.37%	Cas	e Mix Index (I	CMI) Data d Overall CMI;	•	Facility Specific 1.1936	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;		C er On-Site Day/Q	trly BIMS score uality Incentive:		5.5% 2.0%	Ortrly Mcaid		Medicaid CMI; Wght Options:		1,3714 1,3938	1.4446 1.4694
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			ing a specie	ganiji s b asayiii	in ichini	d	accile e is a cit	Similar Francisco	g	g	h h	1
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,494,717	\$3,058,555	\$0	\$368,081	\$580,732	\$410,151	\$505,120	\$78,219	\$493,859	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$440,211)	(\$480,948)	\$0	\$0	\$0	\$60	\$40,677		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,054,506	\$2,577,607	\$0	\$368,081	\$580,732	\$410,211	\$545,797	\$78,219	\$493,859	\$0
8	Total Nursing Facility Days As Filed Days = 30,201	FY12 Audited C/R Days	30,201									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,884	FY 18 GL-PL Ins Rpt Days								27,884		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.58	\$85.35	\$0.00	\$12.19	\$32.81	(with L&H)	\$18.07	\$2.81	\$16.35	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1936</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.51								
12		RS = Ln 11, AllOthr = Ln 9		\$71.51	\$0,00	\$12,19	\$32.81		\$18.07	\$2.81	\$16.35	\$0.00
13	,	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	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	-	La 14 x Grwth Allwac %	\$16.70	\$9.56	\$0.00	\$1.63	\$3.09	\$0,00	\$2.42	N/A	N/A	N/A
16		£n 14 + Ln 15	\$152.42	\$81.07	\$0.00	\$13.82	\$26.18	\$0,00	\$20.49	\$2.81	\$8.05	\$0.00
17		per Current Qtr End		1.3938		7.0.02	425.10	\$5,55	020.40	42.01	40.00	V 0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113.00							,	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$184.35	\$113.00	\$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 ([Stnd - 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		En 19 Col b x CPS Add-on	\$6.22	\$6.22	\$0.00	\$0.22	30.00	90,00	\$0.37		\$0.00	ļ
22		Ln 19 Col b x Strng Add-on	\$2.26	\$2.26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	42.20					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26,17	\$8,48	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$210.52	\$121.48	\$0,00	\$14.04	\$26.18	\$0.00	\$37.96	\$2.81	\$8.05	\$0.00
	The state of the s	0110.0127	₹2.0.5Z	\$121,40	JU,00	\$14.04	\$20.18	\$0.UU	\$37.90	\$4.61	\$8.05	\$0.00

\$145.07

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Haralson Nursing and Rehab Center ovdr ID: 00141325A Case Mix Per Diem Rate Effective Date:	A		ercentages th Allowance: ly BIMS score	Facility Score N/A 28.1%	Add-on <u>Percent</u> 13.37% 1.0%	Cas		CMI) Data I Overall CMI Medicald CMI		Facility Specific 1.5429 1.5540	State- wide 1,4014 1,4446
	MDS & Nurse Hrs Data per Quarter Ending:		On-Site Day/Qua	•	3,22	2.0%	Ortrly Mcaid	CMI w RUG \			1.5813	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	1		a	b	c	d i i	е	f	g	i i	h	í
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulipiler Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,857,633	\$1,304,386	\$0	\$245,183	\$123,691	\$120,759	\$458,508	\$210,807	\$394,299	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	\$43,057	\$0	\$0	\$0	\$274	(\$6,813)		1 1	(\$15,211)	\$16,04
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	\$16,04
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		1						36,231		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$144.34	\$67.17	\$0.00	\$12.63	\$12.25	(with L&H)	\$26.12	\$5.82	\$19.52	\$0.8
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.5429								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	tn 9 / tn 10		\$43.53	60.00	540.50	040.05		600.40	05.00	E40 E2	E0.0
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$43.53 \$73,31	\$0.00 \$0.00	\$12.63 \$19.52	\$12.25 \$23.55		\$26.12 \$24.02		\$19.52 N/A	\$0.8
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$107.24	\$43.53	\$0.00	\$19.52	\$12.25		\$24.02		8.16	\$0.8
14	Base Period Case Mix Adjusted Allowed Per Diem	Cessel of Cit 12 of Eli 15	\$107.24	\$43.53	\$0.00	\$12.03	\$12.25		\$24.02	\$5.62	(FRV)	\$0.0
	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)	£n 14 + Ln 15	\$119.60	\$49.35	\$0.00	\$14.32	\$13.89	\$0.00	\$27.23	\$5.82	\$8.16	\$0.8
17	· Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5813								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$148.29	\$78.04	\$0.00	\$14,32	\$13.89	\$0.00	\$27.23	\$5,82	\$8.16	\$0.8
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00)	\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.78	\$0.78								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.56	\$1.56								
23	Nursing Horne Provider Fee	(Fixed Amount)	\$17.10						\$17.10)		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.60	\$2,87	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$168.89	\$80.91	\$0.00	\$14.54	\$14.30	\$0.00	\$44.33	\$ \$5.82	\$8.16	\$0.8
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$113.84					•	,			,

l	Provider: Harborview Health Systems of Jesup Prodr ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	17.9%	Add-on Percent 13,37% 0.0% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4862 1,5493 1,5777	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	wijini da b ili kating	C	ď	e	(total ya f (daya))	g	e g	griffightish has been be	artifar I ea.
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,601,458	\$2,276,415	\$0	\$459,292	\$156,672	\$212,178	\$776,363	\$45,181	\$675,357	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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. Rot As Filed Days = 30,579	FY 18 GL-PL Ins Rot Days	1			1			1	30.570		

Provi Prvdi	3 * * * * * * * * * * * * * * * * * * *	: 10/1/2019	C	owth Allowance; atrly BIMS score	22.8%	Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI: Medicaid CMI;		Facility <u>Specific</u> 1.2039 1.4779 1.5034	State- wide 1.3617 1.4446 1.4694
 Line #	Description	Sources / Calculations	Totals a	Routine Services b	Special Services c	Dietary	Laundry & Houskprig e	Plant Operatns & Maint f	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1 0	SE MIX BASED RATE CALCULATIONS cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and General	A&G- GL-PL Insurance	and Related	and Insurance
			i a i	amayi basiyiki	c	d	rija di e di di di di di di di di di di di di di	iii f	9	g	h h	I
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,088,551	\$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 Adjstmts	(\$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 Srvcs	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		<u>1.2039</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$91,91							:	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$161.74	\$71.51	\$0.00	\$29.15	\$22.68		\$20.56	\$2.63	14.61 <i>(FRV)</i>	\$0,60
İ	Quarterly Per Diem Rate Prior to Add-ons										(CKV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.24	\$9.56	\$0,00	\$3.90	\$3.03	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Atlowed 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		1.5034								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$221.79	\$121,88	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$1.22	\$1,22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$3.66	\$3,66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.29	\$4.88	\$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	\$244.08	\$126.76	\$0.00	\$33.05	\$26.02	\$0.00	\$40,41	\$2.63	\$14.61	\$0.60

\$170.24

(Ln 25 - Ln 23) * 0,75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: Harborview Health Systems - Satilla rvdr ID: 00142755A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; httly BIMS score	14.3%	Add-on <u>Percent</u> 13.37% 0.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3231 1,5448 1,5720	State- wide 1.3617 1.4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			1998 a 1998	Division b assisted	С	d	e	eljarytij f allysiste	g	g		· . · . · . · i ·
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$7,325,269	\$4,064,367	so	\$876,299	\$26,317	\$611,920	\$1,498,239	\$47,490	\$200,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$243,571)	(\$268,365)	\$0	\$59,048	\$40,146	\$18,277	(\$92,677)		(\$16,117)	\$16,117
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,081,698	\$3,796,002	\$0	\$935,347	\$66,463	\$630,197	\$1,405,562	\$47,490	\$184,520	\$16,117
8	Total Nursing Facility Days As Filed Days = 32,718	FY12 Audited C/R Days	32,718								-	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,515	FY 18 GL-PL ins Rpt Days								22,515		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$217.10	\$116.02	\$0.00	\$28,59	\$21.29	(with L&H)	\$42,96	\$2.11	\$5.64	\$0.49
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1,3231</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$87.69								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.69	\$0,00	\$28.59	\$21.29		\$42.96	\$2.11	\$5.64	\$0,49
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.76	\$71.51	\$0.00	\$28.59	\$21.29		\$20.56	\$2.11	11.21	\$0,49
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.74	\$81.07	\$0.00	\$32.41	\$24.14	\$0.00	\$2,73	\$2.11	\$11.21	\$0.49
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	4.1	1.5720		002.71	423.13	Ψ0.00	420.01	02.11	\$11.21	Ψ0.43
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.44								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$221.11	\$127.44	\$0.00	\$32.41	\$24.14	\$0.00	\$23.31	\$2.11	\$11.21	\$0.49
	Control Burgian Add and America											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	60.60	PO 00	***	****		***	***		***	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.63 \$0.00	\$0.00 \$0.00	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$3.82	\$0.00 \$3.82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$3.02					617.40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$3.82	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$242.66	\$131.26	\$0.00	\$32.63						
	desirent and and the pictures	CI IV · CILET	∌∠4∠.66	\$131,25	\$0.00	\$32.63	\$24.55	\$0.00	\$40.41	\$2,11	\$11.21	\$0.49

\$169.17

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: Prvdr ID:	• • • • • • • • • • • • • • • • • • • •	10/1/2019		owth Allowance: htrly BIMS score	48,8%	Add-on Percent 13,37% 5,5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2365 1.5486 1.5773	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			ii Halli a lisiji ji	(iiiiiiib), yyy	c	d	e	Rivind County	g	in ing in in	-septimen helekikinga	
CASE	MIX BASED RATE CALCULATIONS											
1 Cost	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer 3 Peer	Group Standards & Efficiency Measure Limits or Group Standards: Percentile or Group Standards: Multiplier ciency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Base F	Period Per Diem Allowed Amounts											
1 1	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,879,521	\$2,542,032	\$0	\$548,554	\$198,378	\$213,772	\$895,255	\$59,739	\$421,791	\$0
6 Audi	lit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$51,686)	\$0	\$0	\$0	\$0	\$0	(\$51,686)	1	(\$33,092)	\$ 33,092
7 Cost	t 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 To	otal Nursing Facility Days As Filed Days = 36,047	FY12 Audited C/R Days	36,047									
1 1	otal Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,871	FY 18 GL-PL Ins Rpt Days								39,871		
9 Net F	Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
1 1	ase Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2365</u>								
1 1	loutine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.03								
1 [Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.03	\$0.00	\$15.22	\$11.43		\$23,40	\$1.50	\$10.78	\$0.92
	Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base	e 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	\$0.92
Quarte	erly Per Diem Rate Prior to Add-ons										(FRV)	
1	wth Allowance Percentage = 13.37%	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	A 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 Qt	tuarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.5773</u>								
18 Qr	ertrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.97								
19 Quar	nterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.64	\$101.97	\$0.00	\$17.25	\$12.96	\$0.00	\$23.31	\$1,50	\$8.73	\$0.92
Quarte	erly Per Diem Add-on Amounts											
1 1	ciency 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	
1 1	S Add-on Per Diem = 5.5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$5.61	\$5.61	40.00	40.22	Ç041	Ψ0.00	\$0,00		Ψ0.00	
22 Nurs	se Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23 Nursi	sing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24 Total	al Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.91	\$8.18	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarte	erly Case Mix Based Per Diem Rate	Ln 19 + Lп 24	\$192,55	\$110.15	\$0.00	\$17.47	\$13.37	\$0.00	\$40.41	\$1.50	\$8.73	\$0.92
26 Quarte	erly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.59			<u></u>			<u> </u>	ıl		

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

	Provider: Hart Care Center Prvdr ID: 00167857A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			th Allowance; ly BIMS score	Facility Score N/A 38.2% 3.44	Add-on Percent 13.37% 2.5% 3.0%			l Overall CMI: Medicaid CMI:		Facility Specific 1.5289 1.7151 1.7481	State- wide 1.3699 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	e	f	g	g	h	i
c	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	. Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$5,017,280	\$3,091,262	\$0	\$557,136	\$241,091	\$236,482	\$820,320	\$48,943	\$22,046	\$0
6	Audit Adjustments and Realfocations 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 Srvcs	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	•	from 4 qtrs of FY10		1.5289								
11		£n 9 / Ln 10		\$49.44								
12	•	RS = Ln 11, AllOthr = £n 9		\$49,44	\$0.00	\$13.62	\$11.68		\$18.15	\$1.32	\$0.04	\$0.50
13		per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
1.4	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										11.127	
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		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		per Current Qtr End		1.7481								
18	2 . ,	Ln 16 x Ln 17		\$97.98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$156.19	\$97.98	\$0.00	\$15.44	\$13.24	\$0.00	\$20.58	\$1,32	\$7.13	\$0.50
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.45	\$2.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$24.02	\$5,92	\$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	\$180.21	\$103.90	\$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	\$122.33									

1	ovider: Hartwell Health and Rehabilitation ovdr ID: 00141413A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: (trly BIMS score	Facility Score N/A 18.0% 3.55	Add-on Percent 13,37% 0.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3222 1.3967 1.4177	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1			i eliteka a menen	awinii b inajia	in and control	d	ilistilii e	papaj fogaja	g g	g in	garra h jayeli	at area Lean .
0	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0,41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts	, , ,										
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,839,275	\$2,588,661	so	\$974,560	\$281,348	\$169,446	\$1,374,106	\$87,921	\$363,233	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$0	\$0	so so	\$0	\$201,540	\$109,440	\$1,574,100	907,921	(\$2,229)	\$2,229
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,839,275	\$2,588,661	\$0	\$974,560	\$281,348	\$169.446	\$1,374,106	\$87,921	\$361,004	\$2,229
8	Total Nursing Facility Days As Filed Days = 32,055	FY12 Audited C/R Days	32,055				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	4,	0007,007	72,220
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,303	FY 18 GL-PL Ins Rpt Days								31,303		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$182.23	\$80,76	\$0,00	\$30.40	\$14.06	(with L&H)	\$42,87	\$2.81	\$11.26	\$0.07
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3222								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61,08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.08	\$0.00	\$30.40	\$14.06		\$42,87	\$2.81	\$11.26	\$0.07
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	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
4-	Quarterly Per Diem Rate Prior to Add-ons	1-44-0-0-40										
15 16	Growth Allowance Percentage = 13.37%	£n 14 x Grwih Allwac % £n 14 + £n 15	\$16.70	\$8.17	\$0.00	\$3.90	\$1.88	\$0.00	\$2.75	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$152.61	\$69.25 1.4177	\$0.00	\$33.05	\$15,94	\$0.00	\$23.31	\$2.81	\$8,18	\$0.07
18	Ontrly Routine Srycs Case Mix Adjistd (CMA) Net Per Diem	In 16 x In 17		\$98.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181,54	\$98.18	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$20.99	\$3,48	\$0.00	\$0.00	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$202.53	\$101.66	\$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	\$139.07									

Quarterly Case Mix Per Diem Calculation

FINAL

					Facility	Add-on					Facility	State-
.	Contract Book		Add on F	lata and Percentages	Score	Percent		Case Mix Index	(CMI) Data		Specific	State- wide
Provider: Harri	•		Ado-on L	Growth Allowance:	N/A	13.37%	*********		riod Overall CMI:		Use Stwd	1.3617
Prvdr ID: 00310		10/01/19		BIMS:	16.7%	0.0%			ly Medicaid CMI:		1.4335	1.4446
H/B ?: No	Case Mix Per Diem Rate Effective Date:		11 Co Ci	te Day/Quality Incentive:		3.0%	Ortota		G Wght Options:		1.4572	1.4694
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nu	rse Hours per On-Si	te Day/Quality incentive:	5.10	3.0%	Citity iv	icaio Civii w RO	G vvgiit Options.		1.4572	1.4094
				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskong	Operains	and	Insurance	and	and
#	Description	Calculations		GELVICES	GETAICES		Tiodakpiig	& Maint	General	modrance	Related	Insurance
			a	b	C	d	е	l f	g		h	<u> </u>
CASE MIX BASE	ED RATE CALCULATIONS											
Cost Cente	r Peer Groups per Selected Options			1	1	2	1	1	1			i
Type	of Facility within Peer Group			All Facilities	All Facilities	Freestanding	All Facilities	All Facilities	All Facilities	1		
Bed S	Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
Peer Group	Standards & Efficiency Measure Limits											
Peer Grou	ıp Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			ļ
Peer Grou	p Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%	İ		ł
Efficiency	Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
Per Diem C	costs and Add-ons				İ			1	1	1		
GL-PL- Ins	surance Costs	FY2018 GL-PL Ins. Rpt					1	ļ		\$ 47,854		
Total Nurs	sing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt								17,334		-
Standard I	Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limi	:	\$71.51	1	\$18.41	\$23.09		\$20.56		\$37.80	
Allowed @	95% of Std		\$172.06	\$67.93		\$17.49	\$21.94	ľ	\$19.53		\$37.80	\$7.37
Growth All	lowance 13.4%		\$16.97	\$9.08		\$2.34			\$2.61			
CMA Allov	wed Per Diem (After Growth Alowance)		\$191.79	\$77.01		\$19.83	\$24.87		\$22.14	\$ 2.76	\$37.80	\$7.37
Quarterly I	Facility Case Mix Index for Medicaid Residents			1.4572							(FRV Rate)	İ
.Qrtly Rout	line Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$112.22			ļ	1				
Quartedu	Medicaid CMA Allowed Per Diem		\$227.00	\$112.22		\$19.83	\$24.87	1	\$22.14	\$2.76	\$37.80	\$7.37
1 1	Per Diem Add-On Amounts		,									
, ,	-on Per Diem = 0.0% to Routine Srvs)		\$0.00	\$0.00							1	
	of Hrs / Quality Add-on Per Diem = 3.0%		\$3,37	\$3.37		1						
	lome Provider Fee		\$17.10	1					17.10			
	erly Per Diem Add-On Amounts		\$20,47]		İ	
	ase Mix Based Per Diem Rate		\$247.46	\$115.59		\$19.83	\$24.87	1	\$39.24	\$2.76	\$37.80	\$7.37
	old Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$172.77		7,1111	<u> </u>	1	ļ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	1

1	wider: Hazlehurst Court Care and Rehab 00059705A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	owth Allowance: trly BIMS score	Facility Score N/A 20.7% 2.62	Add-on Percent 13.37% 1.0% 3.0%		Quarterly t	CMI) Data d Overall CMI; Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4494 1.3384 1.3616	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	е	Piewin figurisi	9 · · · ·	g	ar gyrrau h ranaify	estente i monte.
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)	***	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ro	\$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	\$15,204	(\$8,960)	\$11,751
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,093,586	\$1,373,924	\$0	\$316,315	\$120,544	\$160,576	\$864,890	\$15,264	\$230,322	\$11,751
8	Total Nursing Facility Days As Filed Days = 21,818	FY12 Audited C/R Days	21,818			,	•	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	V,	*****
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,682	FY 18 GL-PL Ins Rpt Days								24,682		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.71	\$62.97	\$0,00	\$14.50	\$12.88	(with L&H)	\$39.64	\$0.62	\$10.56	\$0.54
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4494								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$43.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$99,33	\$43.45	\$0.00	\$14.50	\$12.88		\$20.56	\$0.62	6.78 (FRV)	\$0.54
1 1	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Alfwnc %	\$12,22	\$5,81	\$0.00	\$1.94	\$1.72	\$0.00	\$2.75	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$111,55	\$49,26	\$0.00	\$16.44	\$14.60	\$0.00	\$23.31	\$0.62	\$6.78	\$0.54
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End En 16 x En 17		<u>1.3616</u> \$67,07								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$129.36	\$67.07 \$67.07	\$0.00	\$16.44	\$14,60	\$0.00	\$23.31	\$0.62	\$6,78	\$0.54
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.67	\$0.67	75.50		45,77	40,00			\$5.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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 Las 20 thru 23	\$20.94	\$3.21	\$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	\$150.30	\$70.28	\$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	\$99.90							1		

Provider	3 · · · · · · · · · · · · · · · · · · ·		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index ((CMI) Data		Facility Specific 1,1433	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe		trly BIMS score	26.9%	1.0% 3.0%	Ortrly Moaid		Medicaid CMI:		1.5139 1.5423	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	igegrafik b i Degrafi	С	d d	е	elitika f errasa	g	g	ra era era e h era eta era	ar de l ibre
CASE	MIX BASED RATE CALCULATIONS											
1 Cos	t Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Pe 3 Pe	r Group Standards & Efficiency Measure Limits er Group Standards: Percentile er Group Standards: Multiplier Ticiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37	74		
Base	Period Per Diem Allowed Amounts											
5 As	Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,723,340	\$1,179,431	\$0	\$331,227	\$218,788	\$290,998	\$441,425	\$51,622	\$209,849	\$(
6 Au	dit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,465)	\$0	\$0	\$486	(\$3,199)	(\$17,639)	(\$37,473)		(\$33,466)	\$27,82
7 Co	st 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	\$27,82
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 Ne	t Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.18	\$57.28	\$0.00	\$16,11	\$23.75	(with L&H)	\$19.62	\$3.50	\$8,57	\$1.3
10 I	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1433</u>								
11 (Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.10								
12 Ne	t Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.10	\$0.00	\$16.11	\$23.75		\$19.62	\$3.50	\$8.57	\$1.3
13 Per	r Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Ba	se Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.33	\$50.10	\$0.00	\$16.11	\$23.09		\$19.62	\$3.50	7.56	\$1.3
0	terly Per Diem Rate Prior to Add-oกร										(FRV)	
- 1	owth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,56	\$6,70	\$0.00	\$2.15	\$3.09	\$0.00	\$2.62	N/A	N/A	N/A
1 '	A 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	\$1.3
- 1	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$100.00	1.5423	40.00	\$10.20	\$20.10	\$0.00	V22.24	\$0.00	\$7.50	φ1.0
j	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87,60								
	arterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166,69	\$87.60	\$0.00	\$18.26	\$26.18	\$0.00	\$22.24	\$3,50	\$7.56	\$1.3
_					·							1
	terly Per Diem Add-on Amounts	(P-1)		***			.					
1	iciency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) AS Add-on Per Diem = 1.0% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
1	/IS Add-on Per Diem = 1.0% (to Routine Srvs) rse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$0.88	\$0.88 \$2.63								
1	rsing Home Provider Fee	(Fixed Amount)	\$2.63	\$2.63					64740			
1	tsing nome Provider Fee lat Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.73	\$4.04	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	60.00	60.50	ec c
									\$17.47	\$0.00	\$0.00	\$0.00
25 Quar	terly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$188.42	\$91.64	\$0.00	\$18.48	\$26.18	\$0.00	\$39.71	\$3.50	\$7.56	\$1.3

\$128.49

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

FINAL

Provider: Heart of Georgia Prvdr ID: 00141358A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nu		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 25.0% 3.30	Add-on Percent 13,37% 1.0% 3.0%		Quarter fcaid CMI w RU	riod Overall CMI: ly Medicaid CMI: G Wght Options:			Facility Specific 1.2133 1.5886 1.6173	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	1	GL-PL rance	Property and Related	Taxes and Insurance
		a	b	C	d	e	f	g	1		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limit	\$140.45 \$16.97 \$158.21	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.6173 \$124.55	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$	26,069 33,100 0.79 \$0.79	\$13.41 \$13.41 \$13.41 (FRV Rate) \$13.41	
Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs./ Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$1.25 \$3.74 \$17.10 \$22.08	\$1.25 \$3.74					17.10	with the design of the second			
Quarterly Case Mix Based Per Diem Rate		\$227.83	\$129.53		\$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%	\$158.05	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>i</u>	<u> </u>	l	<u> </u>	<u></u>			1

Institutional Reimbursement - DCH/DFS

1	rovider: Heritage Healthcare -Forsyth, LLC rvdr ID: 00141017A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	46.6%	Add-on Percent 13.37% 5.5% 2.0%		Quarterly I	CMI) Data 3 Overall CMI: Medicaid CMI: Nght Options;		Facility <u>Specific</u> 1,3861 1,4042 1,4280	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-			а	b	idi in Control	10,000 d (600)	e	is in the line	g	g		noton il lieu.
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	A PART AND A PART AND		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,583,363	\$1,946,823	\$0	\$323,156	\$284,356	\$217,553	\$503,832	\$173,285	\$134,358	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$72,535)	(\$8,653)	\$0	\$0	(\$324)	(\$893)	(\$62,665)		(\$31,328)	\$31,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,510,828	\$1,938,170	\$0	\$323,156	\$284,032	\$216,660	\$441,167	\$173,285	\$103,030	\$31,328
8	Total Nursing Facility Days As Filed Days = 25,359	FY12 Audited C/R Days	25,359									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 24,586	FY 18 GL-PL Ins Rpt Days								24,586		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.66	\$76.43	\$0.00	\$12.74	\$19.74	(with L&H)	\$17.40	\$7.05	\$4.06	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.3861</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$55,14	\$0.00	\$12.74	\$19.74		\$17.40	\$7.05	\$4.06	\$1.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.04	\$7.37	\$0.00	\$1.70	\$2.64	\$0.00	\$2,33	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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	0,0,,00	1.4280	\$0.00		V 22.00	Ψ0.00	\$15.75	\$7.00	\$1.25	₽1,2 4
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x ጲn 17		\$89.26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.35	\$89.26	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.91	\$4.91							, , ,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.79	\$1.79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.33	\$7.23	\$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	\$186.68	\$96.49	\$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	\$127.19			•				1		

	rider: Heritage Healthcare -Grandview, LLC out ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	37,1%	Add-on Percent 13,37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4300 1.3958 1.4200	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			200 2 00 200 200 200 200 200 200 200 200 200	1990 b 1890 b		d		isticae f 1733 ist	g	g	h	girojita i matema
CA	SE MIX BASED RATE CALCULATIONS						İ					
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
E	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,985,099	\$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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$151.28	\$82.53	\$0.00	\$14.43	\$20,41	(with L&H)	\$19.16	\$7.09	\$6.32	\$1.34
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4300								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.72	\$0.00	\$14.43	\$20,41		\$19.16	\$7.09	\$6.32	\$1.34
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.32	\$57.72	\$0.00	\$14.43	\$20.41		\$19.16	\$7.09	10.17	\$1.34
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.94	\$7.72	\$0.00	\$1.93	\$2.73	\$0.00	\$2.56	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$145.26	\$65,44	\$0.00	\$16.36	\$23,14	\$0.00	\$21.72	\$7.09	\$10,17	\$1.34
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4200		,,,,,,	4		422	1,,55	\$10.11	\$1.04
18	Ortrly Routine Srvcs 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	\$172.74	\$92.92	\$0.00	\$16.36	\$23.14	\$0.00	\$21.72	\$7.09	\$10.17	\$1.34
ا ا	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem ≈ 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32	\$2,00	70.22	\$3.41	\$5,00	90.07		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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 Lss 20 thru 23	\$23.74	\$5.64	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0,00	\$0.00
25 C	tuarterly Case Mix Based Per Dîem Rate	Ln 19 + Ln 24	\$196.48	\$98.56	\$0.00	\$16.58	\$23.55	\$0.00	\$39.19	\$7.09	\$10.17	\$1.34
26 C	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$134.54			·				1		

	rovider: Heritage Inn of Barnesville rvdr ID: 00143613A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	owlh Allowance: Nrly BIMS score	45,6%	Add-on Percent 13.37% 5.5% 3.0%		Quarterly.	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3499 1.6161 1.6440	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
:-			: Mada barr	b	in in the second	in indian	e	desemble for free	. g	g	h.i	· · · · · · · · · · · · · · · · · · ·
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	A COUNTY OF THE OWNER OWNER O	50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,953,065	\$2,698,086	\$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 Adjstmts	(\$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 10	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$125.29	\$68.61	\$0.00	\$13.74	\$14.97	(with L&H)	\$15,56	\$2.82	\$8,97	\$0.63
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	110m 4 qu5 0; F 1 12 £n 9 / Ln 10		1.3499								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.83		040.74						
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$50.83 \$71.51	\$0.00 \$0.00	\$13.74	\$14.97		\$15,56	\$2.82	\$8.97	\$0,6
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$105,59	\$71.51 \$50.83	\$0.00	\$18.41 \$13.74	\$23.09 \$14.97		\$20.56 \$15.56	\$0.00 \$2.82	N/A 7.05	
l · ·	Sass Fortion once mix register rilevee 1 of orem	20000 07 21 12 07 211 15	3105.59	\$30.63	\$0.00	\$10,74	\$14.97		\$15.50	\$2.62	7.05 (FRV)	\$0,6
	Quarterly Per Diem Rate Prior to Add-ons										1,,,,,	
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	\$0.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current QIr End		1.6440								
18 19	Ortrly Routine Srvcs 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	\$155.42	\$94.74	\$0.00	\$15.58	\$16.97	\$0,00	\$17.64	\$2.82	\$7.05	\$0.62
	Quarterly Per Diem Add-on Amounts			;								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = <u>5.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.21	\$5.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$26.68	\$8.58	\$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	\$182.10	\$103.32	\$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	(in 25 - ln 23) * 0.75	\$123.75		•	1		1	·	·		<u> </u>

1	rovider: Heritage Inn of Sandersville rvdr ID: 00142678A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours		owth Allowance: trly BIMS score	47,3%	Add-on Percent 13,37% 5.5% 3.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3183 1.5128 1.5403	State- wide 1.3617 1.4446 1,4694
Line #	Description :	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			ii passe a sissiii	inininin bangar	Andrews China	Land Bridge	diğir bel e dibermi	::0:::: f :::::::::::::::::::::::::::::::	g	g	entleren h er	aadariy i ar ees
_ ⊆	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Ro	\$2,922,685	\$1,514,491	so	\$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	\$010,555	\$150,040	\$663	(\$13,956)	\$57,331	(\$21,030)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,910,724	\$1,514,491	\$0	\$318,355	\$151,297	\$219,451	\$360,405	\$57,351	\$267,469	\$21,905
8	Total Nursing Facility Days As Filed Days = 21,700	FY12 Audited C/R Days	21,700					12	, , , , , , , , , , , , , , , , , , , ,		323.1.00	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,510	FY 18 GL-PL Ins Rpt Days								21,510		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.17	\$69.79	\$0.00	\$14,67	\$17.09	(with L&H)	\$16,61	\$2.67	\$12.33	\$1,01
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.3183</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	İ
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$115.11	\$52.94	\$0,00	\$14.67	\$17.09		\$16.61	\$2.67	10.12 (FRV)	\$1.01
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$13.54	\$7.08	\$0.00	\$1.96	ED 00	\$0.00	\$2.22		***	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$128.65	\$60.02	\$0.00	\$16.63	\$2,28 \$19.37	\$0.00	\$18.83	N/A \$2.67	N/A \$10.12	N/A \$1,01
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$120.00	1.5403	\$0.00	\$10.00	φ13.31	\$0.00	\$10.00	\$2.07	\$10,12	\$1.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOihr ≈ Ln 16	\$161.08	\$92.45	\$0.00	\$16.63	\$19.37	\$0,00	\$18.83	\$2.67	\$10,12	\$1,01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.08	\$5.08	45.55		40. 41	\$5,55	40.01		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.77	\$2.77								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thre 23	\$26.48	\$8.38	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.56	\$100.83	\$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	\$127.85							<u>l</u>		1

	rovider: Heritage Inn of Statesboro		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index ((CMI) Data	-	Facility Specific	State- wide
F	Prvdr ID: 00142161A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:				34.3%	13.37% 2.5% 2.0%	Base Period Overall CMI: Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options:			1.6197		1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	:::::::b::::::::::::::::::::::::::::::	C	d	de de la composição	e e f	g	o g	www.hh	:1::
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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	so
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 Srvcs	Ln 7 / Ln 8 Col a	\$128.20	\$69.05	\$0.00	\$14.17	\$15.98	(with L&H)	\$16.90	\$3.08	\$7.98	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2962</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$53.27						Ì		
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOlhr = En 9		\$53,27	\$0.00	\$14.17	\$15,98		\$16.90	\$3.08	\$7.98	\$1.04
13	, , , , , , , , , , , , , , , , , , ,	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	,	Lesser of i.n 12 or i.n 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 = 13.37%	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 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$124.91	\$60,39	\$0,00	\$16.06	\$18.12	\$0.00	\$19.16	\$3.08	\$7.06	\$1.04
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6489								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$164,10	\$99.58 \$99.58	\$0.00	\$16.06	\$18.12	\$0,00	\$19.16	\$3.08	\$7.06	\$1.04
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37]	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.49	\$2.49	40.00	V U.2.2.	40.41	ψ0.00	QU.07		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$23,11	\$5.01	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$187.21	\$104.59	\$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	\$127,58									

	ovider: High Shoals Health & Rehabilitation vdr ID: 00212814A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trty BIMS score	38.1%	Add-on Percent 13.37% 2.5% 3.0%	****	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3425 1.2170 1.2336	State- wide 1.3617 1.4446 1.4694
Lîne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
-2.23			a	b	and in County	and distribution	е	Transit f	g	pipini gingin	Distriction h ead and signific	idadaa Laraa
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Máximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,303,039	\$2,934,713	\$0	\$634,606	\$343,241	\$445,290	\$754,291	\$98,431	\$92,467	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,189)	(\$13,942)	\$0	(\$33,409)	(\$2,717)	(\$15,898)	1	000,401	(\$27,601)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,141,850	\$2,920,771	\$0	\$601,197	\$340,524	\$429,392	\$670,945	\$98,431	\$64,866	\$15,724
8	Total Nursing Facility Days As Filed Days = 27,611	FY12 Audited C/R Days	27,611							,	,	71
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,700	FY 18 GL-PL Ins Rpt Days								33,700		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185.57	\$105.78	\$0.00	\$21.77	\$27.88	(with L&H)	\$24,30	\$2.92	\$2.35	\$0,57
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3425</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$78.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.55	\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$2,92	15.49 (FRV)	\$0.57
	Quarterly Per Diem Rate Prior to Add-ons										[FTV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.86	\$9.56	\$0,00	\$2.46	\$3.09	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$170.41	\$81.07	\$0,00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.92	\$15.49	\$0.57
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2336</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$189.35	\$100.01	\$0.00	\$20.87	\$26.18	\$0.00	\$23.31	\$2.92	\$15.49	\$0.57
	Quarterly Per Diem Add-on Amounts			1								
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.00	\$3,00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.60	\$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	\$211.95	\$105.51	\$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	\$146.14									

i	rrovider: Hill Haven Nursing Home rvdr ID: 00448456A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019		owth Allowance: trly BIMS score	41.8%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.2298 1.3822 1.4077	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			24 (1986) a (1994)	de geligi b mineri	C	Abbered server	ampun e ijinini	anggar f in inje	g	9	na enichenie	• i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,142,256	\$1,574,830	\$0	\$317,366	\$217,202	\$200,111	\$532,862	\$62,431	\$237,454	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$55,257)	(\$7,300)	\$0	\$1,036	(\$2,265)	(\$2,086)	(\$42,166)	1	(\$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	1 1	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$134,61	\$68.41	\$0.00	\$13.90	\$18.02	(with L&H)	\$21,41	\$2.62	\$8.60	\$1,65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2298</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,63								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.63	\$0.00	\$13,90	\$18.02		\$21,41	\$2.62	\$8.60	\$1.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.15	\$ 55.63	\$0.00	\$13,90	\$18.02		\$20.56	\$2.62	9.77 (FRV)	\$1,65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwinc %	\$14.46	\$7.44	\$0.00	\$1,86	\$2.41	\$0.00	\$2.75		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		<u>1.4077</u>								
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.78	**							
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$162,32	\$88.78	\$0.00	\$15.76	\$20.43	\$0.00	\$23.31	\$2.62	\$9.77	\$1.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,22	\$2.22								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cot b x Strng Add-on	\$2,66	\$2.66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.14	\$5,41	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$185.46	\$94.19	\$0.00	\$15.98	\$20,84	\$0.00	\$40.41	\$2.62	\$9.77	\$1.6 5
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$126.27									

-	Provider:	Jesup Health Care			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Psvdr ID;	00142689A	Case Mix Per Diem Rate Effective Date:	10/1/2019	Growth Allowance: Qtrly BIMS score	N/A 38,8%	13.37% 2.5%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.4500 1.7961	1.3617 1.4446
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:		2.0%	Qrtrly Meaid CMI w RUG Wght Options:	1.8303	1.4694
	Line	Description		So	urces / Totals Routine	Special	Dietary	Laundry & Plant Admin A&G-GL-	i and	Taxes and

	mbo a raise ins bata per quarter criding.	. COISONTS Muise mouis pe	on-sile daylu	cally incentive.	2.55	2.0%	Citiny Micald	CIVII W RUG	vvgnt Options:		1.8303	1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	kajikas A b ribai j <i>u</i>	С	d	е	ationy family:	g	g	yeher	jeg i Jaco
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot	63 440 500			*****						
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined)		\$3,416,686	\$1,923,963	\$0	\$308,759	\$228,458	\$194,173	\$531,481	\$20,609	\$209,243	\$0
7	Audit Adjustments and Reaflocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$374,073) \$3,042,613	(\$314,489)	\$0 \$0	\$429	(\$2,281)	\$7,477	(\$42,462)	1	(\$35,529)	\$12,782
8	Total Nursing Facility Days As Filed Days = 24,507	FY12 Audited C/R Days	24,507	\$1,609,474	30	\$309,188	\$226,177	\$201,650	\$489,019	\$20,609	\$173,714	\$12,782
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,290	FY 18 GL-PL Ins Rpt Days	24,307							04.000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7/Ln 8 Col a	\$124,28	\$65.67	\$0.00	\$12.62	\$17,46	(with L&H)	\$19.95	21,290 \$0,97	\$7,09	\$0.52
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$124,20	1.4500	\$0.00	\$12.02	\$17.40	[mun cera)	\$19.93	\$0.97	\$1,1¢	\$0.52
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$45.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	\$7.09	\$0.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	\$1:05 N/A	90,52
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103,39	\$45.29	\$0.00	\$12.62	\$17.46		\$19.95	\$0.97	6,58	\$0,52
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwac %	***									
16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.75	\$6.06	\$0.00	\$1.69	\$2.33	\$0,00	\$2.67	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$116.14	\$51.35 1.8303	\$0.00	\$14.31	\$19.79	\$0.00	\$22,62	\$0.97	\$6.58	\$0.52
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, Al/Othr = Ln 16	\$158.78	\$93.99	\$0.00	\$14.31	\$19,79	\$0.00	\$22.62	\$0.97	\$6.58	\$0.52
	· · · · · · · · · · · · · · · · ·		4130.10	\$ 30.00	\$0.00	V 1.51	0,0,,	40.00	V22.02	40.51	\$0.50	\$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)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.35	\$2.35								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Strng Add-on	\$1.88	\$1.88								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.86	\$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	\$181.64	\$98.75	\$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	\$123.41									

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										FINAL	
Provider: Joe-Ann Burgin Nursing Center Prvdr ID: 00141633A H/B 7: Yes Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hou		a and Percentages Growth Allowance: BIMS Day/Quality Incentive;	Facility Score N/A 34.4% 2.88	Add-on Percent 13.37% 2.5% 3.0%	Qrtrly		riod Overall CMI: dy Medicaid CMI:		Facility Specific 1.2689 1.1901 1.2060	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b	C	d	e	f	g		ħ	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	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				ł							
Net Historical Cost 2010	FY2010 C/R -FY 2018 GL-PL Rpt	ļļ	2,218,749		659,341	196,091	287,566		33,164	125,937	8,186
Inflation (July 2012) @ 2.06%		1	45,706	i	13,582	9,963		11,208			169
Patient Days	FY 2010 Cost Rpt]	28,754	į	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		1				1		
Routine Services Case Mix Adjusted Net Per Diem			\$62.06	1							
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	1	\$25.97	\$23.20		\$21.80		40.40	
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		l . I						-0.50		(FRV Rate)	
Growth Allowance 13.37%		\$16.30	\$8.30]	\$3.13	\$2.30		\$2.58	\$1.36	646.46	\$0.29
CMA Allowed Per Diem After Growth Allowance		\$152.29	\$70.36	1	\$26.53	\$19.46		\$21.89	\$1.50	\$12.40	\$0.43
Quarterly Facility Case Mix Index for Medicald Residents		1	1.2060	1				İ			1
Ortly Routine Sives Case Mix Adjstd (CMA) Net Per Diem	•		\$84.85	!	****	640		\$21.89	\$1.36	\$12,40	\$0.29
Quarterlý Medicaid CMA Allowed Per Diem	-	\$166.78	\$84,85		\$26.53	\$19.46	ŧ	\$21.89	\$1.30	⊋1∠.4 U	⊅ U.Z:
Quarterly Per Diem Add-On Amounts			60.50		60.00	\$0.41		\$0.37			
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.53	\$0.53		\$0.22	\$0.41		\$0.37			
BIMS Add-on Per Diem = 2.5% (to Routine Srvs)		\$2,12	2.12		***************************************	1					
Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$2.55	2.55		Į.	1		s 17.10			
Nursing Home Provider Fee		\$ 17.10					1	3 17.10			
Total Quarterly Per Diem Add-On Amounts		\$23.30	£00.05		\$26.75	\$19.87		\$39.36	\$1,36	\$12.40	\$0.29
Quarterly Case Mix Based Per Diem Rate		\$190.08	\$90.05	 	\$20.15	\$18.81		335.30	31,30	₹12.40	\$0.25
Leave/Bed Hold Per.Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$129.74	L		<u> </u>	.1,	1	<u> </u>		<u></u>	L	L

\$17.10

\$17.10

\$40.41

\$0.00

\$3.70

\$0.00

\$13.86

\$0.00

\$1.98

\$0,00

\$0.00

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

1	rovider: Jonesboro Nurs. & Rehab Ctr. rvdr ID: 00531033A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: ttrly BIMS score	Facility Score N/A 24.1% 3.55	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.7250 1.5465 1.5727	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a in a		organic constant	are in d ifferen	ileanne e anna an	igas tac f gas see	g	· · · · · · · · · · · · · · ·	ogjajo sa h eligalisa.	rediam (e
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sízes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmts	(\$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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.02	\$77.12	\$0.00	\$16.66	\$16.31	(with L&H)	\$23.35	\$3.70	\$20.90	\$1,98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.7250</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.71	\$0.00	\$16.66	\$16.31		\$23.35	\$3.70	\$20.90	\$1.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	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	\$1,98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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 Diern (After Growth Allowance Add-on)	En 14 + Ln 15	\$130.92	\$50.69	\$0.00	\$18.89	\$18.49	\$0.00	\$23,31	\$3,70	\$13.66	\$1.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0.55.52	1.5727	40.00	1.0.00	\$10.40	\$5.00	V 2.0,01	55.70	\$10.00	\$1.50
18	Ortrly Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$159.95	\$79,72	\$0,00	\$18.89	\$18.49	\$0.00	\$23.31	\$3,70	\$13,86	\$1.98
20	Quarterly Per Diem Add-on Amounts	(con Reliev Manual)		en ==			***		***			
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) BIMS Add-on Per Diem ≈ 1.0% (to Routine Srys)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
۱ 🛴	BIMS Add-on Per Diem ≈ 1.0% (to Routine Srvs)	THE LOUD X CLO WOO-OU	\$0.80	\$0,80		1						

\$2.39

\$17.10

\$21,45

\$181.40

\$123.23

Ln 19 Col b x Stfng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

22

23

24

25

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

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

\$2,39

\$3.72

\$83.44

\$0.00

\$0.00

\$0.22

\$19.11

\$0.41

\$18.90

Provider: Prvdr ID:	Kentwood 00143426A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 55.3% 3,88	Add-on Percent 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.2689 1.4772 1.5025	State- wide 1,3617 1,4446 1,4694
Line	Description		Soi	urcès / Totals Routine	Special Services	Dietary	Laundry & Plant Admin A&G-GL-	and and	Taxes

				,	-/		,		. · · g · · · p · · · · · ·	·	1,0020	1.7007
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	Barrier Barrier	C The	ing of decision	e	Birda f ilipia	g	g	h	alali i lika
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,032,878	\$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 Adjstmts	(\$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 Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$179,58	\$107.90	\$0.00	\$19.87	\$17,45	(with L&H)	\$22.78	\$5.28	\$6.29	\$0,01
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2689								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$85.03								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.26	\$71.51	\$0.00	\$18.41	\$17.45		\$20.56	\$5.28	17.04	\$0.01
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5025</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$121,81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$208.10	\$121,81	\$0.00	\$20.87	\$19.78	\$0.00	\$23.31	\$5.28	\$17.04	\$0.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,41	\$0.00	\$0.00	\$0.00	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6,70	\$6.70								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.65	\$3.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$27.86	\$10.35	\$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	\$235.96	\$132.16	\$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	\$164.15		ł		1	1	1			
		F										

Provider: Keysville Nursing Home and Rehab Ctr Prvdr ID: 00141655A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: htrly BIMS score	49.0%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.3131 1.3240 1.3493	State- <u>wide</u> 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		(a () ()	cięstycie, b istoriana	C	d	ining enganis	ikisma f dagiji	g	g	poperiologia in the control	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 Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,873,358	\$1,321,717	\$0	\$334,354	\$174,953	\$327,425	\$331,928	\$7,637	\$375,344	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$13,288)	\$5,280	\$0	\$580	\$525	\$333	(\$20,791)		(\$21,389)	\$22,174
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,860,070	\$1,326,997	\$0	\$334,934	\$175,478	\$327,758	\$311,137	\$7,637	\$353,955	\$22,174
8 Total Nursing Facility Days As Filed Days = 20,912	FY12 Audited C/R Days	20,912									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,753	FY 18 GL-PL Ins Rpt Days								19,753		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$139.44	\$63,46	\$0.00	\$16.02	\$24.06	(with L&H)	\$14.88	\$3.03	\$16.93	\$1.06
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3131								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$48.33								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$48.33	\$0.00	\$16.02	\$24.06		\$14.88	\$3,03	\$16.93	\$1.06
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.00	\$48.33	\$0.00	\$16.02	\$23.09		\$14,88	\$3.03	13.59 (FRV)	\$1.06
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,68	\$6,46	\$0.00	\$2.14	\$3.09	\$0.00	64.00	A16A		NIZA
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133,68	\$54,79	\$0.00	\$2.14 \$18.16	\$3.09 \$26,18	\$0.00 \$0.00	\$1.99 \$16,87	N/A \$3.03	N/A \$13.59	N/A \$1.06
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100,00	1.3493	\$0.00	\$10.10	φ 2 0, 10	90.00	\$10,01	\$3.03	φ13.39 	\$1.00
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$73,93								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$152.82	\$73,93	\$0.00	\$18.16	\$26.18	\$0.00	\$16,87	\$3,03	\$13.59	\$1.06
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0,00	\$0.22	\$0.00	\$0.00	\$0.37		\$0,00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.07	\$4.07		_	/-					
22 Nurse Staff Hrs / Quality Add-on Per Diem ≈ 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.22	\$2.22								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.51	\$6.82	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.33	\$80.75	\$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	\$120.17									

Line Baucrest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools Sourcest Tools	1	rovider: Lafayette Nursing & Rehab Center rvdr ID: 00399737A	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 46.0% 5.47	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4871 1,4912 1,5140	State- wide 1.3617 1.4446 1.4694
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Total National Pacific Cost Center Peer Groups Total National Pacific Cost Center Peer Groups State Cost Center Peer Groups State Cost Center Peer Group Blanching Cost Center Peer Group Blanching Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer Group Blanching Cost Cost Center Costs Peer		Description		Totals	MARKAT COLORS DE LA CARACTETA	MARKET AND ASSESSMENT OF THE SECOND	Dietary		Operatns	and		and	Taxes and Insurance
Cost Center Feer Groups Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Limits Feer Group Standards & Efficiency Measure Minimum (see leve 2 fee actual) Gene Pility Measure Society Soci				i subilanne	ь	c	iiiiiii(dassai	e e	f.	g	g	je h ;ig:	an application
Type of Friedly-white Pro-Group Berl Size Reapy within Pre-Group Berl Size Reapy Berl Size Reapy within Pre-Group	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
2 Peed Group Standards: Precentile (see Pelosy Manual) (se	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Reuine & Special Strees Combined) As Filed PY12 CR - PY2018 GI-PL Rpt Cost Center Costs (Reuine & Special Strees Combined) FY12 Audited CR FY12 CR Audit Adjustments and Reallocations to Cost Center Costs (44,163) Total Nutring Pacility Days GL-PL Ints, Rpt Total Nutring Pacility Days GL-PL Ints, Rpt As Filed Days = \$5,096 Total Nutring Pacility Days GL-PL Ints, Rpt Total Nutring Pacility Days GL-PL Ints, Rpt Base Period Facility Case Mix Adjustm to Routine Strees Reuine Strees Case Mix Adjustm to Routine Strees Reuine Strees Case Mix Adjusted Allowed Per Diem Reuine Strees Case Mix Adjusted Allowed Per Diem Lesser of Ln 19 Ln 14 Ln 15 Growth Allowance Percentage = 13.37½ Cuarterly Per Diem Rate Prior to Add-ons Growth Allowance Per Diem (Sind - Awd) x .75, up to max, or 0) Cuarterly Per Diem Add-on Amounts Elficidancy Add-on Per Diem Quarterly Per Diem Add-on Amounts Elficidancy Add-on Per Diem = \$.55½ (to Routine Stree) Sum of Lns 26 th String Add-on Per Diem = \$.55½ (to Routine Stree) Sum of Lns 26 th String Add-on Recurrency Sum of Lns 26 th String Add-on Recurrency Sum of Lns 26 th String Add-on Amounts Elficidancy Add-on Per Diem = \$.55½ (to Routine Stree) Sum of Lns 26 th String Add-on Amounts Elficidancy Add-on Per Diem = \$.55½ (to Routine Stree) Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on Amounts Sum of Lns 26 th String Add-on String Amounts Sum of Lns 26 th String Add-on String Amounts Sum of Lns 26 th String Add-	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments FY12 Audited C/R Cost Center Costs Alter Audit Adjustments FY12 Audited C/R SS (77,970) SS (74,174) SS (54,172) SS (54,172) SS (54,172) SS (54,172) SS (54,172) SS (54,173) SS (54,174) SS (64,163) SS (64,16		Base Period Per Diem Allowed Amounts											
6 Audit Adjustments and Readiocations to Cost Center Costs FY12 CRR Audit Adjustments (\$77,970) (\$74,174) \$0 (\$4,172) \$0 \$1,632 (\$4,163) \$35,064 \$343,442 \$367 \$370,590 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$370,579 \$4,817,702 \$0 \$0 \$1,620 \$	5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$9,256,560	\$4,885,876	\$0	\$883,051	\$416,107	\$519,499	\$1,637,603	\$385,084	\$529.340	\$0
Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Field Days = \$5,096 Total Nursing Facility Days Net Per Diems prior to Case Mix Adjusted CRD bys FY12 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,096 FY18 Audited CRR 59,0	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$77,970)	(\$74,174)	\$0	(\$4,172)	\$840	\$1,832	1 ' '			\$87,765
Total Nursing Facility Days GL-PL Ins. Rpt	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		\$87,765
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srives 10 Base Period Facility Gase Mix Indiex for All Residents 11 Routine Srives Case Mix Adjistmt (AN) Per Diem 12 Net Per Diems after Case Mix Adjistmt to Routine Srives 13 Per Diem Standards (After Statewide CMA for Routine Srives) 14 Base Period Case Mix Adjistmt to Routine Srives 15 Per Diem Standards (After Statewide CMA for Routine Srives) 16 Base Period Case Mix Adjistmt to Routine Srives 17 Net Per Diems after Case Mix Adjistmt to Routine Srives 18 Per Diem Standards (After Statewide CMA for Routine Srives) 19 Per Diem Standards (After Statewide CMA for Routine Srives) 20 Causterdy Per Diem Rate Prior to Add-ons 21 Causterdy Per Diem Add-on Alloward Per Diem 22 Causterdy Per Diem Add-on Amounts 23 Causterdy Per Diem Add-on Amounts 24 Total Quarterly Per Diem Add-on Amounts 25 Causterly Per Diem Add-on Amounts 26 Efficiency Add-on Per Diem Standard (After Site Amounts) 27 Causterly Per Diem Add-on Amounts 28 Efficiency Add-on Per Diem Standard (After Site Amounts) 29 Risk Add-on Per Diem Standard (After Site Amounts) 20 Risk Adjusterly Per Diem Add-on Amounts 20 Risk Adjusterly Per Diem Add-on Amounts 21 BIMS Add-on Per Diem Standard (After Site Amounts) 22 Risk Add-on Per Diem Standard (After Site Amounts) 23 Risk Add-on Per Diem Standard (After Site Amounts) 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Routine Site Standard (After Site Amount) 26 Causterly Per Diem Add-on Amounts 27 Causterly Per Diem Add-on Amounts 28 Causterly Per Diem Add-on Amounts 29 Risk Add-on Per Diem Standard (After Site Amount) 20 Risk Add-on Per Diem Standard (After Site Amount) 20 Risk Add-on Per Diem Standard (After Site Amount) 21 Risk Add-on Per Diem Standard (After Site Amount) 22 Risk Add-on Per Diem Standard (After Site Amount) 23 Risk Add-on Per Diem Add-on Amounts 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Rate 26 Risk Based Per Diem Rate 27 Risk Based Per Diem Rate 28 Risk Based Per Diem Rate 29 Risk Bas	8	Total Nursing Facility Days As Filed Days = 55,096	FY12 Audited C/R Days	55,096									
10 Base Period Facility Case Mix Index for All Residents from 4 qua of FY12 L 9 1.4871 11 Routine Srives Case Mix Agidat (CMA) Net Per Diem Lu 9 1/L 10 558.73 12 Net Per Diem Safter Case Mix Agidat (CMA) Net Per Diem (CFRV) 13 Per Diem Safter Case Mix Agidat (CMA) Net Per Diem (CFRV) 14 Base Period Gase Mix Adjusted Allowed Per Diem (Lasser of Ln 12 or Ln 13 5138.93 558.73 \$0.00 \$15.95 \$17.03 \$22.65 \$0.00 NNA 14 Base Period Gase Mix Adjusted Allowed Per Diem (Lasser of Ln 12 or Ln 13 5138.93 \$58.73 \$0.00 \$15.95 \$17.03 \$20.56 \$8.60 \$8.00 NNA 15 Counterly Per Diem Rate Prior to Add-ons (CFRV) 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 \$27.5 NNA NIA 17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qir End (Ln 14 x Ln 17 \$100.80 \$10.80 \$10.80 \$19.31 \$0.00 \$23.31 \$8.60 \$16.47 \$10.40 \$10.8		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,797	FY 18 GL-PL ins Rpt Days								44,797		
11 Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$168.20	\$87.33	\$0.00	\$15.95	\$17.03	(with L&H)	\$29.65	\$8.60	\$8.05	\$1.59
12 Net Per Diems after Case Mix Adjsfirmt to Routine Srvcs	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4871								
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,73								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S138.93 S58.73 S0.00 S15.95 \$17.03 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 16.47 \$20.56 \$8.60 \$20.00 \$20.00 \$20.20 \$20.00	Į .	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58,73	\$0.00	\$ 15.95	\$17.03		\$29,65	\$8,60	\$8.05	\$1.59
Counterly Per Diem Rate Prior to Add-ons CFRV		1	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Grwth Allwane % \$15.01 \$7.85 \$0.00 \$2.13 \$2.28 \$0.00 \$2.75 N/A 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		\$1.59
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Istnd - Alwd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem 5.5% (to Routine Srvcs) 22 Nurse Staff Hrs / Quality Add-on Per Diem 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Ln 19 - Ln 16 Cite Amount) 27 Total Quarterly Per Diem Add-on Amounts 28 Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 38 Staff Add-on Per Diem = 3.0% (to Routine Srvcs) 39 Sum of Ln 20 thru 23 \$26.82 \$9.09 \$0.00 \$18.30 \$19.71 \$0.00 \$17.10 \$0.00 \$0.00 \$17.10 \$0.00 \$0.		Quarterly Per Diem Rate Prior to Add-ons										(r/(v)	
17 Quarterly Facility Case Mix Index for Medicaid Residents	l .	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
18				\$153.94	\$66.58	\$0.00	\$18.08	\$19.31	\$0.00	\$23.31	\$8.60	\$16,47	\$1.59
19 Quarterly Medicaid CMA Allowed Per Diem			•										
Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([SInd - Alwd] x.75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Quarterly Case Mix Based Per Diem Rate Quarterly Per Diem Add-on Amounts Sum of Lns 24 14.98 Sum of Lns 24 14.98 Sum of Lns 24 14.98 Sum of Lns 24.98 S													
20 Efficiency Add-on Per Diem ([SInd-Akwd] x.75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$188.16	\$100.80	\$0.00	\$18.08	\$19.31	\$0,00	\$23.31	\$8.60	\$16.47	\$1,59
21 BIMS Add-on Per Diem = 5.5% (Io Routine Srvs) Ln 19 Col b x CPS Add-on \$5.54 \$5.54 \$		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$3.02 \$3.02 \$17.10 \$3.02 \$3.02 \$3.02 \$17.10 \$17.10 \$17.10<	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.82 \$9.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0	21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$5.54	\$5.54								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$26.82 \$9.09 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00		Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
25 Quarterly Case Mix Based Per Diem Rate Ln 19+Ln 24 \$214.98 \$109.89 \$0.00 \$18.30 \$19.72 \$0.00 \$40.41 \$8.60 \$16.47 \$		Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
7.000 7	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.82	\$9.09	\$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 + t.n 24	\$214.98	\$109.89	\$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 \$148.41	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0,75	\$148.41						.1			,

Provider: LaGrange Nurs, & Rehab. Ctr. Prvdr ID: 00270245A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 37.1% 2.69	Add-on Percent 13.37% 2.5% 2.0%		Quarterly N	CMI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4490 1,6216 1,6527	State- wide 1,3617 1,4446 1,4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	e a chiabana dia	ing ic	d d	е	appress for Hills	g	g	erjaan ja ja halla sa sast	.,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 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,142,325	\$3,338,930	\$0	\$684,153	\$317,877	\$319,612	\$1,421,710	\$24,394	\$1,035,649	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$872,248)	(\$268,459)	\$0	(\$64,251)	\$2,204	(\$14,104)	(\$604.302)		\$46,284	\$30,380
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,270,077	\$3,070,471	\$0	\$619,902	\$320,081	\$305,508	\$817,408	\$24,394	\$1,081,933	\$30,380
8 Total Nursing Facility Days As Filed Days = 46,991	FY12 Audited C/R Days	46,991									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,094	FY 18 GL-PL ins Rpt Days	1							33,094		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$133.64	\$65.34	\$0.00	\$13.19	\$13.31	(with L&H)	\$17.39	\$0,74	\$23.02	\$0.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4490								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.09								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.09	\$0.00	\$13.19	\$13.31		\$17,39	\$0,74	\$23.02	\$0.65
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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 Grwth Allwnc %	\$11.90	\$6.03	\$0.00	\$1,76	\$1.78	\$0.00	\$2.33	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents	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 <u>Case Mix Index</u> for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qir End Ln 16 x Ln 17		1.6527								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$144.57	\$84.49 \$84.49	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.11	\$2,11			7	15.55	45.51		\$5,50	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 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 Las 20 thru 23	\$22.43	\$4.33	\$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	\$167.00	\$88.82	\$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	\$112.43						-			

Calculations	1	Provider: Lake City Nursing & Rehab Ctr. Provider ID: 00141699A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 44.3% 3.34	Add-on Percent 13,37% 2.5% 2.0%			d Overall CMI Medicald CMI		Facility <u>Specific</u> 1.6589 1.5478 1.5754	State- wide 1.3617 1.4446 1.4694
Case Mix Based Rate Calculations Cost Center Peer Groups Type of Facility within Peer Group All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Facilities All Bed Sizes					Services	Services			Operatns & Maint	and	The second of the second	and	Taxes and Insurance
Cost Center Peer Groups Type of Facility within Peer Group Bed Sizes Range within Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Peer Group Standards: Peer Group Standards: Multiplier Standards: Peer Group Standards: Multiplier Standards: Mul		CASE MIX RASED RATE CALCULATIONS		3	jimila bilanja	C	i mada	е	edelik febber	ing g	period grander	serialing haggaagga	
Type of Facility within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Standards & Efficiency Measure Limits	-												
Peer Group Standards: Percentile (see Policy Manual) (see Po	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 9 As Filed Days = 81,185 1 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030 1 As Filed Cy12 C/R -FY 2018 GL-PL Rpt FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R -FY 2018 GL-PL Rpt S11,284,046 S6,137,555 \$0 \$1,190,052 \$517,678 \$688,523 \$1,372,595 (\$142,967) \$1,520,610 \$13,996 (\$111,505) \$13,996 (\$111,505) \$13,996 (\$111,505) \$13,996 (\$111,505) \$1,186,842 \$1,372,595 (\$142,967) \$1,261,090 (\$142,967) \$1,442,360 \$	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts FY12 C/R Audit Adjustmts FY12 C/R Audit Adjustmts FY12 Audited C/R S11,67,583 S6,121,811 S0 (\$3,210) \$0 (\$3,210) \$13,996 \$13,996 \$1,185,996 \$1,261,090 \$1,442,360 \$78,2 \$1,442,360 \$78,2 \$1,442,360 \$78,2 \$1,442,360 \$		Base Period Per Diem Allowed Amounts											
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 \$78,2 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030 FY 18 GL-PL Ins Rpt Days FY 18 GL-PL Ins Rpt Days FY 18 GL-PL Ins Rpt Days	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,284,046	\$6,137,555	\$0	\$1,190,052	\$517,678	\$688,523	\$1,372,595	(\$142,967)	\$1,520,610	\$0
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	1	1	•	1	(\$15,744)		(\$3,210)	\$0	\$13,996	(\$111,505)		(\$78,250)	\$78,250
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 83,030 FY 18 GL-PL Ins Rpt Days	1	· I		1 1	\$6,121,811	\$0	\$1,186,842	\$517,678	\$702,519	\$1,261,090	(\$142,967)	\$1,442,360	\$78,250
	8	,,	•	81,185									
9 Net Per Diems prior to Case Mix Adjumt to Routline Stycs Lin 7/ Lin 6 Cloid \$142.35 \$75.41 \$0.00 \$14.52 \$15.03 (with L&H) \$15.53 \$3.03 \$17.77 \$0.	1												
10 Base Period Facility Case Mix Index for All Residents from 4 grs of FY12 1,6589	ŧ			\$142.35		\$0,00	\$14.62	\$15.03	(with L&H)	\$15,53	\$3.03	\$17.77	\$0,96
10 Base Period Facility <u>Case Mix Index</u> for All Residents from 4 qtrs of FY12 1.6589 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$45,46	-		·										
	1	,				60.00	644.60	#4E 02		*** **	***	047.77	20.00
12 Net Per Diems after Case Mix Adjstrit to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$45,46 \$0.00 \$14.62 \$15,03 \$15,53 \$3.03 \$17,77 \$0.00 \$13.00 \$10	1	1	•				1		}		1 1		\$0.96
	1	,	·	\$102.42	******	,,,,,							\$0.96
5103.43 545.40 50.00 \$14.62 \$15.03 \$15.03 \$5.03 \$6.80 \$0.00 \$14.62 \$15.03 \$15.0	'	Daso Fortod Dase Mix Adjusted Allowed Fell Dielil	COSSI OF EN 12 OF EN 10	\$103,43	\$40,40	\$0.00	\$14.02	\$13,03		\$10.00	\$5.03		\$0.90
Quarterly Per Diem Rate Prior to Add-ons		-										, ,	
	1	·		1 ' ' ' '			1 1						N/A
	1			\$115.55		\$0.00	\$16.57	\$17.04	\$0,00	\$17.61	\$3.03	\$8.80	\$0.96
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents per Current Qtr End <u>1.5754</u> 18 Qrtriv Routine Srycs Case Mix Adistd (CMA) Net Per Diem Ln 16 x Ln 17 S81 20	1		•										
				6445.04	·	***	640.57	017.01	***	447.04			
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$145.21 \$81.20 \$0.00 \$16.57 \$17.04 \$0.00 \$17.61 \$3,03 \$8.80 \$0.	19	Quarterly inedicald CNIA Allowed Fell Dietit	KS = El 10, AlOBE = El 10	\$145.21	\$61.20	\$0.00	\$16.57	\$17.04	\$0.00	\$17.61	\$3,03	\$8.80	\$0.96
Quarterly Per Diem Add-on Amounts													İ
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	1			1 1	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$2.03 \$2.03				1	·								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$1.62 \$1.62	1		•	1 1	\$1.62								İ
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10	ł		• •	1 1						1			
	-			\$22.28	\$4.18	\$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 \$167.49 \$85.38 \$0.00 \$16.79 \$17.45 \$0.00 \$35.08 \$3.03 \$8.80 \$0.	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$167.49	\$85.38	\$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 \$112.79	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$112.79									

1	rovider: Lake Crossing Heath Care rvdr ID: 00403939A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	with Allowance: trly BIMS score		Add-on <u>Percent</u> 13.37% 5.5% 3.0%	***************************************	Quarterly !	i Overall CMI: Medicaid CMI:		Facility Specific 1.2839 1.4665	State- wide 1.3617 1.4446
Line		Sources / Calculations	Totals	Routine Services	Special Services	3,0% Dietary	Canny Micaid Laundry & Houskpng	Plant Operators & Maint	Nght Options: Admin and General	A&G- GL-PL Insurance	1.4946 Property and Related	1.4694 Taxes and Insurance
11211			i i i i i i a a i i i i i i i i i i i i	b	c	eligen degrees	e e	5.000 f (0.000)	isiisigisiisi	g	agging h ooses (C	·:::::::::::::::::::::::::::::::::::::
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$4,362,617	\$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)	\$32,956
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 Srvcs	Ln 7 / Ln B 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		<u>1,2839</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.19	\$0.00	\$15,02	\$18.74		\$13,14	\$4.04	\$19.64	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of 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)	£n 14 + Լռ 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 Qir End		<u>1.4946</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$74.88								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$143.09	\$74,88	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$4.12	\$4.12								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Coi b x Sting Add-on	\$2.25	\$2.25								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,00	\$6,90	\$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	\$168.09	\$81.78	\$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	\$113.24								,	

	rovider: Lakeland Villa Convalescent Center rvdr ID: 00141732A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; Nrly BIMS score	32.2%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly N	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.1323 1.1660 1.1827	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Properly and Related	Taxes and Insurance
11.11			ta ilaa a naa ja	ministra de la composição de la composição de la composição de la composição de la composição de la composição	C	đ	201/06/0 <mark>0</mark> 00/06/06	2000 f	g	g	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,392,306	\$1,645,551	\$0	\$668,626	\$203,496	\$229,802	\$426,540	\$95,143	\$123,148	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$53,570)	\$15,605	\$0	\$0	(\$10,999)	(\$830)	(\$56,917)		(\$4,821)	\$4,392
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,338,736	\$1,661,156	\$0	\$668,626	\$192,497	\$228,972	\$369,623	\$95,143	\$118,327	\$4,392
В	Total Nursing Facility Days As Filed Days = 21,442	FY12 Audited C/R Days	21,442									
	Total Nursing Facility Days GL-PL, Ins, Rpt As Filed Days = 21,646	FY 18 GL-PL ins Rpt Days								21,646		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.42	\$0,00	\$31.18	\$19.66		\$17.24	\$4.40	\$5.52	\$0.20
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$173.07	\$68.42	\$0.00	\$29.15	\$19.66		\$17.24	\$4.40	34.00	\$0.20
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$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)	Լո 14 + Lπ 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		<u>1.1827</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$205.22	\$91,74	\$0,00	\$33.05	\$22.29	\$0.00	\$19,54	\$4.40	\$34.00	\$0.20
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem (Stnd - Alwd x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.29	\$2.29	\$0.00		50.41	40.00	\$0.51		90,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.75	\$2.75	1							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$2.10	Agentalisa				\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,45	\$5.57	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0,00

\$228.67

\$158.68

\$97.31

\$0.00

\$33.05

\$22.70

\$0.00

\$37.01

\$4.40

\$34,00

\$0.20

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Legacy Nursing Home Prvdr ID: 00415522A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 No		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:	Facility Score N/A 18.9% 4.79	Add-on Percent 13,37% 0.0% 3.0%	*********	Quarter	: (CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2012 1.4169 1.4398	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL Insuranc	i ≥nd	Taxes and Insurance
		а	b	C	l d	e	f	g		h	i
CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL-Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$165.06 \$16.97 \$185.52 \$219.39 \$0.00 \$3.33 \$17.10 \$20.43	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.4398 \$110.88 \$110.88 \$0.00 \$3.33	THE REAL PROPERTY OF THE PROPE	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	\$24.87 \$24.87	Addression of the state of the	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 3	\$37.4 \$37.4 49 \$37.4 (FRV Rate) 49 \$37.4	5 \$0.72 5 \$0.72
Quarterly Case Mix Based Per Diem Rate		\$239.81	\$114.21		\$19.83	\$24.87		\$39.24	\$3	.49 \$37.4	\$0.72
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$167.03	-ii			1						

\$17.10

\$17.47

\$39.67

\$0,00

\$2,69

\$0.00

\$14.72

\$0.00

\$1.57

\$0.00

\$0.00

\$0.41

\$22.37

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

1	rovider: Lee County Health Care rvdr ID: 00712665A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance Utrly BIMS score	30.0%	Add-on Percent 13.37% 2.5% 2.0%	<u> </u>	Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.3504 1.6999 1.7302	State- wide 1,3617 1,4446 1,4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ъ	C	d	e	egilele f gelekk	g	gas	iliania hiliana	figilio l ejkes
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,014,201	\$1,482,885	so	\$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 Adjstmts	(\$12,330)	(\$570)	\$0	(\$1,815)	\$0	\$218	(\$12,206)		(\$31,510)	\$33,553
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,001,871	\$1,482,315	\$0	\$279,601	\$161,523	\$251,844	\$417,713	\$57,286	\$318,036	\$33,553
8	Total Nursing Facility Days As Filed Days = 21,338	FY12 Audited C/R Days	21,338									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,292	FY 18 GL-PL Ins Rpt Days								21,292		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qlrs of FY12		1.3504								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.48	\$51.45	\$0.00	\$13,10	\$19.37		\$19.58	\$2.69	14.72 (FRV)	\$1.57
1,5	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.84	\$6.88	\$0.00	\$1.75	\$2.59	\$0.00	\$2,62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 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 Case Mix Index for Medicaid Residents	per Current Qir End		1.7302								
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.92								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178.91	\$100.92	\$0.00	\$14.85	\$21.96	\$0.00	\$22.20	\$2.69	\$14.72	\$1.57
	Quarterly Per Dîem 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	

\$2.52

\$2.02

\$17,10

\$23.17

\$202.08

\$138.74

\$2.52

\$2.02

\$5,07

\$105,99

\$0.00

\$0.00

\$0.22

\$15.07

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

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

2.5% (to Routine Srvs)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Strng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

1	rovider: Legacy Nursing Home		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
·	Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending			trly BIMS score	30.3%	2.5% 3.0%	Ontrly Meaid		Medicaid CMI:		1.3485 1.3315 1.3537	1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			i (a) m a i i i i i i		in the Comment	d	e	f	g	and gine	eregeri h eregeller	garian I
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts			:								
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,602,496	\$4,828,687	\$0	\$919,823	\$593,480	\$585,549	\$1,993,378	\$239,085	\$1,442,494	\$0
6	Audit Adjustments and Realfocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,188,497)	(\$483,423)	\$0	(\$34,284)	(\$12,529)	\$39,316	(\$777,786)		(\$168,969)	\$249,178
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,413,999	\$4,345,264	\$0	\$885,539	\$580,951	\$624,865	\$1,215,592	\$239,085	\$1,273,525	\$249,178
8	Total Nursing Facility Days As Filed Days = 62,971	FY12 Audited C/R Days	62,958									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,434	FY 18 GL-PL Ins Rpt Days								63,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$149.51	\$69.02	\$0.00	\$14.07	\$19.15	(with L&H)	\$19.31	\$3.77	\$20.23	\$3,96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3485								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$51.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	\$20.23	\$3.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or En 13	\$121.00	\$51 <i>.</i> 18	\$0.00	\$14.07	\$19.15		\$19.31	\$3.77	9.56	\$3.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.86	\$6.84	\$0.00	\$1.88	\$2.56	\$0.00	\$2.58	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$134.86	\$58.02	\$0.00	\$15.95	\$21.71	\$0.00	\$21.89	\$3.77	\$9,56	\$3.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3537			*	V = 1, = 1		45	\$0,05	00.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$78.54								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155.38	\$78.54	\$0.00	\$15.95	\$21.71	\$0,00	\$21.89	\$3.77	\$9.56	\$3,96
	Quarterly Per Dîem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0,00	\$0,22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.96	\$1.96	15.50	45,	40.41	45,00	40.01		90.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$178.33	\$83.39	\$0.00	\$16.17	\$22.12	\$0.00	\$39.36	\$3.77	\$9.56	\$3.96
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$120.92									

1	ovider: Life Care Center of Gwinnett		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index ((CMI) Data		Facility Specific	State- wide
P	vdr ID: 00370873A Case Mix Per Diem Rale Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p	-	owth Allowance; htrly BIMS score tuality Incentive;	N/A 48.0% 3.27	13.37% 5.5% 3.0%	Ortrly Mcaid	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1,4103 1,2386 1,2561	1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-11111			a grant a digata	epinga banyas	:::::c-::::	main district	e i i	:::::::: f ::::::::::	erent gile ite	9	h h	received I in
<u>c</u>	ASE MIX BASED RATE CALCULATIONS .											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts									-		
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,665,058	\$5,068,417	\$0	\$912,914	\$442,087	\$453,649	\$1,267,542	\$128,955	\$391,494	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,403)	\$0	\$0	(\$3,153)	\$8,679	\$9,090	(\$68,753)	1	(\$61,690)	\$69,424
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,618,655	\$5,068,417	\$0	\$909,761	\$450,766	\$462,739	\$1,198,789	\$128,955	\$329,804	\$69,424
8	Total Nursing Facility Days As Filed Days = 54,727	FY12 Audited C/R Days	54,727									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,590	FY 18 GL-PL Ins Rpt Days								43,590		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$158.08	\$92.61	\$0.00	\$16.62	\$16,69	(with L&H)	\$21.90	\$2.96	\$6.03	\$1.27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4103								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.67	\$0.00	\$16.62	\$16.69		\$21.90	\$2.96	\$6.03	\$1.27
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.10	\$65.67	\$0.00	\$16.62	\$16.69		\$20.56	\$2.96	10.33 (FRV)	\$1.27
15	Quarterly Per Diem Rate Prior to Add-ons 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	41/4	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$150.08	\$74.45	\$0.00	\$18.84	\$2.23 \$18.92	\$0,00	\$2.75	\$2.96	N/A \$10.33	N/A \$1,27
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.00	1.2561	\$0,00	\$10.04	\$10.52	\$0,00	\$23.31	\$2.90	\$10.33	\$1.27
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.15	\$93.52	\$0.00	\$18.84	\$18.92	\$0.00	\$23.31	\$2.96	\$10.33	\$1.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$5.14	\$5,14				\$5.50	+5.55		\$5,50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.81	\$2,81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.21	\$8.48	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	in 19 + Ln 24	\$195.36	\$102.00	\$0.00	\$19.06	\$19.33	\$0.00	\$40.41	\$2.96	\$10.33	\$1.27
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.70		<u> </u>	·			1	<u> </u>		

Provider: Life Care Center of Lawrenceville Prvdr ID: 00818914A			owth Allowance;		Add-on Percent 13.37%	Cas		d Overali CMI:		Facility Specific 1.5316	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe	c or On-Site Day/Q	trly BIMS score uality Incentive:		0.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1.3134 1.3311	1,4446 1,4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		(1989) a 1999	30108 b 14410	c	d	e minue	with the f the Ass	g	g	gegraniski k h etaki datebar	ng galara
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Stress Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$8,295,559	\$4,408,813	so	\$809.583	\$359,692	\$476.855	\$1,418,629	\$99,060	6722 027	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$6,293,339 {\$8,410}	\$00,503	\$0	\$009,383	\$10,840	\$14,371	(\$56,596)	วลล'กดก	\$722,927 (\$97,284)	\$0 \$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 \$120,259
8 Total Nursing Facility Days As Filed Days = 42,756	FY12 Audited C/R Days	42,756	4 .1	-		00.0,002	V 10 1,220	4.,002,000	400,000	4010,010	\$120,200
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,867	FY 18 GL-PL Ins Rpt Days								30,867		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 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		<u>1.5316</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.33								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$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	60.76	A1/A	11/A	A1/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$167.11	\$76.33	\$0.00	\$2.46	\$2,70 \$22.86	\$0.00	\$2.75 \$23.31	N/A \$3.21	N/A \$17.72	N/A \$2.81
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	7107.11	1.3311	45.00	720.07	Ψ.Z00	\$0.00	¥20.01	₩.∠1	317.72	92.01
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.60								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.38	\$101.60	\$0.00	\$20.87	\$22.86	\$0.00	\$23.31	\$3.21	\$17.72	\$2,81
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0,00	\$0,00		\$0.00	
21 BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			,				25.30	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.05	\$3.05								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.09	\$3.58	\$0,00	\$0.00	\$0.41	\$0,00	\$17,10	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Lл 19 + Ln 24	\$213.47	\$105.18	\$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	\$147.28									

	rovider: Life Care Center, Inc.	A	dd-on Data and Gro	Percentages wth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (C	CMI) Data d Overali CMI:		Facility Specific 1.3801	State- wide 1,3617
ы	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours per	Qt	hiy BIMS score	39.8% 2.52	2.5% 3.0%	Qrlrly Mcaid		Medicaid CMI:		1.3414 1.3646	1.444 6 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	e	f	g	g	h	i
_	ASE MIX BASED RATE CALCULATIONS								1			
٠ -	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90,0% 100,0%	90,0%	85.0% 100.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Ret	\$4,179,568	\$1,853,074	\$0	\$442,479	\$291,252	\$313,011	\$680,464	\$34,919	\$564,369	\$0
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,398)	\$0	\$0	\$0	\$0	\$0	(\$106,812	1	(\$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	1 1	\$546,084	\$65,699
8	Total Nursing Facility Days As Filed Days = 38,520	FY12 Audited C/R Days	38,520	, ,			·					
Ŭ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,869	FY 18 GL-PL Ins Rpt Days								40,869		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$106.92	\$48.11	\$0,00	\$11.49	\$15.69	(with L&H)	\$14,89	\$0.85	\$14.18	\$1.71
10		from 4 qtrs of FY12		<u>1.3801</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$34.86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS ≈ Ln 11, AllOlhr ≈ 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 Strucs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$92,70	\$34.86	\$0,00	\$11.49	\$15.69		\$14,89	\$0.85	13.21	\$1.71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwric %	\$10.29	\$4.66	\$0.00	\$1,54	\$2.10	\$0,00	\$1.99	N/A	N/A	N/A
16		l.n 14 + Ln 15	\$102.99	\$39,52	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13,21	\$1.71
17	·	per Current Otr End		1.3646								
18		l.n 16 x Ln 17	1	\$53.93								
19		RS = Ln 18, AliOthr = Ln 16	\$117.40	\$53.93	\$0.00	\$13.03	\$17.79	\$0.00	\$16.88	\$0.85	\$13,21	\$1.71
	Ouadayly Par Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0,37	·	\$9.00	
21	1	Ln 19 Col b x CPS Add-on	\$1.35	\$1.35								
22		Ln 19 Col b x Sting Add-on	\$1.62	\$1,62								
23	· ·	(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	\$139.00	\$57.43	\$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	\$91.43									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
!			1	.1								

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	ovider: Lillian G. Carter Nursing Center vdr ID: 00142524A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours		owth Allowance: trly BIMS score	46.3%	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMt) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3539 1.4471 1.4747	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	b	Chillie	g09222 d (9992)	e	100000 f)00000	g	::::::g::::::	h'e ege	
C/	ASE MIX BASED RATE CALCULATIONS					İ						
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$4,412,648	\$2,291,688	\$0	\$446,145	\$289,968	\$320,244	\$566,488	\$95,759	\$402,356	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$22,722)	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$127.58	\$66.57	\$0.00	\$12.96	\$17.73	(with L&H)	\$15.80	\$2.83	\$10.88	\$0.81
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3539</u>								
12	Routine Stycs Case Mix Adjetd (CMA) Net Per Diem	En 9 / En 10 RS = En 11, AllOthr ≈ En 9		\$49,17		240.00	447.70					
13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$49.17	\$0.00	\$12.96	\$17.73		\$15.80	\$2.83	\$10.88	\$0,81
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	2407.05	\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	base Period Case Mix Adjusted Allowed Per Dierri	Lesser of Eff 12 of Eff 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)	£n 14 + Ln 15	\$120,63	\$55.74	\$0.00	\$14.69	\$20,10	\$0.00	\$17.91	\$2.83	\$8,55	\$0.81
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4747</u>								
19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$147.09	\$82,20 \$82,20	60.00	61460	#00.40	60.00	647.01		***	60.51
13	domeny medicald OMA Allowed Fell Dietti	IVO ELL TO, ANOUNT ELL TO	\$147.09	\$82.20	\$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 - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.52	\$4.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	Ln 19 Col b x St/ng 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	\$25.62	\$7.52	\$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	\$172.71	\$89.72	\$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	\$116.71									

Provider: Lumber City Nurs. & Rehab. Ctr. Prvdr ID: 00270258A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	35.8%	Add-on Percent 13.37% 2,5% 3.0%	-	Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1,7031 1,5225 1,5492	State- wide 1.3617 1.4446 1.4694
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	ь	c	d	е	filmer f ilmen	g	g g	. escallas heisisseligi	agentia l con e
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srycs 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 Adjstmts	(\$526,780)	(\$144,131)	\$0	(\$2,334)	(\$1,082)	\$2,190	(\$439,978)	400,000	\$41,023	\$17,532
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,822,977	\$1,858,203	\$0	\$410,376	\$228,328	\$227,232	\$493,879	\$33,563	\$553,864	\$17,532
8 Total Nursing Facility Days As Filed Days = 27,563	FY12 Audited C/R Days	27,576				-			,		
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,722	FY 18 GL-PL Ins Rpt Days								25,722		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.72	\$67.38	\$0.00	\$14.88	\$16.52	(with L&H)	\$17,91	\$1.30	\$20,09	\$0.64
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.7031</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39.56								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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										į,,	
15 Growth Allowance Percentage = 13.37%	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 + £n 15	\$111.44	\$44.85	\$0.00	\$16.87	\$18,73	\$0.00	\$20.30	\$1,30	\$8.75	\$0.64
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5492								
18 Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x £n 17		\$69.48								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$136.07	\$69.48	\$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 - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.74	\$1.74								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stycs)	Ln 19 Col b x Stfng Add-on	\$2.08	\$2.08								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.45	\$4.35	\$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	\$158.52	\$73.83	\$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	\$106.07									

	rovider: Lynn Haven Health & Rehab rvdr ID: 00083036A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 45.9% 3.85	Add-on Percent 13.37% 5.5% 2.0%		Quarterly !	CMI) Data d Overall CMI; Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.3693 1.7027 1.7351	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
100000			а	ь	C C	d	ingsings e Palify	f	g	g	green in the desired	ferens Inc
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Cornbined)	As Filed FY12 C/R -FY 2018 GL-Pt, 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	\$010,044	\$0	\$05,510	(\$23,009)	499,333	(\$33,328)	\$33,328
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,411,502	\$3,026,222	\$0 \$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	FY12 Audited C/R Days	34,161				,,,			433,333	40.2,.00	400,020
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,802	FY 18 GL-PL Ins Rpt Days								30,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158.74	\$88.59	\$0,00	\$15.98	\$19.66	(with L&H)	\$19.39	\$3.23	\$10.91	\$0,98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3693</u>							·	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.58	\$64.70	\$0.00	\$15.98	\$19.66		\$19.39	\$3.23	8,64	\$0.98
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 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		1.7351						,	\$3, 2 .	22.30
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$127.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202.51	\$127.27	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$7.00	\$7.00	00,00	90.22	Ф 0.41	UV.UE	φυ.σ/		\$U.UU	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.55	\$2.55								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	.=.••					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28,18	\$10.08	\$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	\$230.69	\$137.35	\$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	\$160,19			I		<u> </u>	l	1		

	rovider: Madison Hith & Rehab rvdr ID: 00083278A Case Mix Per Diem Rate Effective Date:	10/1/2019		owth Allowance: Urly BIMS score	60.9%	Add-on Percent 13.37% 5.5% 3.0%	-	Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:	:	Facility <u>Specific</u> 1.3682 1.5333 1.5638	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	P	C	d	е ::::::::::::::::::::::::::::::::::::	Marie College	riangi g araha	g	distriction have a second	i.
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulipher Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											j
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,436,321	\$1,769,663	so	\$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 Adjstmts	(\$88,940)	(\$3,196)	E .	\$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 Gt-PL Ins Rpt Days								25,267	!	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.78	\$72.78	\$0,00	\$18.81	\$26.62	(with L&H)	\$14.32	\$3,46	\$0.18	\$1.61
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3682							!	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	i,n 9 / i,n 10		\$53,20							1	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.85	\$53.20	\$0.00	\$18.41	\$23.09		\$14.32	\$3,46	9.76	\$1.61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	£n 14 x Grwth Allwnc %	\$14.57	\$7,11	\$0.00	\$2.46	\$3.09	\$0.00	\$1.91	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$138.42	\$60.31	\$0.00	\$20.87	\$26.18	\$0.00	\$16.23	\$3,46	\$9.76	\$1.61
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.5638								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.42	\$94.31	\$0.00	\$20.87	\$26.18	\$0.00	\$16.23	\$3.46	\$9,76	\$1.61
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,90	\$0.53	\$0.00	\$0.00	\$0.00	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5,19	\$5,19			STORY TO STO					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.83	\$2.83								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10		!	

\$26.02

\$198.44

\$136.01

\$8.55

\$102.86

\$0.00

\$0.00

\$0.00

\$20.87

\$0.00

\$0.00

\$0,00

\$26.18

\$17.47

\$33.70

\$0.00

\$3.46

\$0,00

\$9.76

\$0.00

\$1.61

Sum of tins 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

24

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

1	Provider: Magnolia Manor Columbus East Prvdr ID: 00083047A Case Mix Per Diem Rate Effective Date:	10/1/2019		Percentages owth Allowance; trly BIMS score	Facility Score N/A 17.1%	Add-on Percent 13.37% 0.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.5222 1.6703	State- wide 1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours p	er On-Site Day/Q	uality Incentive:	4.72	2.0%	Ortrly Meaid		Wght Options:		1.7032	1.4694
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
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<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,445,631	\$4,210,720	\$0	\$923,674	\$455,337	\$590,787	\$1,363,102	\$159,986	\$742,025	\$0
6		FY12 C/R Audit Adjstmts	(\$159,775)	(\$5,717)	\$0	\$0	\$2,553	\$0	(\$152,247)		(\$27,328)	\$22,964
7	•	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		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		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		from 4 qtrs of FY12 Ln 9 / Ln 10		1.5222								
12		RS = Ln 11, AllOthr = Ln 9		\$52.96 \$52.96	\$0.00	\$17,71	\$20.11			20.04	440.70	***
13	·	per Peer Group Limits		\$71.51	\$0,00	\$17.71	\$20.11 \$23.09		\$23,22 \$20,56	\$3.34 \$0.00	\$13.70 N/A	\$0.44
14	1	Lesser of Ln 12 or Ln 13	\$124,84	\$52.96	\$0.00	\$10,41	\$23.09		\$20.56	\$3,34	9.72	\$0.44
'			3124.04	\$52.50	\$0.00	\$17.71	\$20.11		\$20.56	\$3,34	9.12 (FRV)	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwnc % En 14 + Ln 15	\$14.89	\$7.08	\$0.00	\$2.37	\$2.69	\$0.00	\$2.75	N/A	N/A	N/A
17	,	per Current Qtr End	\$139,73	\$60.04	\$0.00	\$20.08	\$22.80	\$0.00	\$23.31	\$3.34	\$9.72	\$0.44
18	, , , , , , , , , , , , , , , , , , , ,	Ln 16 x Ln 17		1.7032 \$102,26								
19	2, 1	RS = Ln 18, AllOthr = Ln 16	\$181,95	\$102,26	\$0.00	\$20.08	\$22.80	\$0.00	\$23,31	\$3.34	\$9.72	\$0.44
					,,,,,						¥-,12	 ,
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	i i	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		\$0.22	QU.41	\$0.00	\$0.00		\$0.00	
22	<u> </u>	Ln 19 Col b x Strng Add-on	\$2.05	\$2.05							·	
23		(Fixed Amount)	\$17.10	72.00					\$17.10			
24		Sum of Lns 20 thru 23	\$20.31	\$2.58	\$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	\$202.26	\$104.84	\$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	\$138.87			1		t	1	I		
1			1									

I	ovider: Magnolia Manor Columbus West odr ID: 00083124A			owth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas		Overall CMI:		Facility Specific 1,3234	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p	C er On-Site Day/Q	trly BIMS score uality Incentive:		5.5% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1,4194 1,4461	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a a	b b	c	d	e e	Herifani	g	g	h	2-4-14-1-1
<u>C/</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,258,109	\$3,172,069	\$O	\$736,455	\$305,859	\$560,778	\$768,365	\$126,895	\$587,688	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,758)	\$0	\$0	\$0	\$10,846	\$19,885	(\$127,327)	41.20,000	(\$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 Srvcs	ln7/ln8Cola	\$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 Case Mix Index for All Residents	from 4 qlrs of FY12	į	<u>1.3234</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 9 / in 10		\$52.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AilOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.23	\$52.42	\$0.00	\$16,11	\$19.62		\$14.02	\$2,89	10.45 (FRV)	\$0.72
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$ 13.65	\$7.01	\$0.00	\$2,15	\$2.62	\$0.00	\$1.87	N/A	N/A	N/A
16	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 Case Mix Index for Medicaid Residents	per Current Qir End	\$120.00	1.4461	\$5.55	410,20	VECTO	Ψ0.00	\$10.03	Q2.03	\$10,43	90,72
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85,94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$156,39	\$85.94	\$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 ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4,73	\$4.73					,		. 3.22	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$25.94	\$7.84	\$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 + 1,n 24	\$182.33	\$93.78	\$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	\$123.92									

Provider: Magnolia Manor Marion County Prvdr ID: 00141809A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance; trly BIMS score		Add-on Percent 13.37% 1.0% 3.0%			d Overall CMI: Medicald CMI;		Facility <u>Specific</u> 1.2265 1.6152 1.6476	State- wide 1.3617 1.4446 1.4694
Line	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	C	d	e	orac f	g	9	de Maria h erika Ma	Tallian Laidean
CASE MIX BASED RATE CALCULATIONS											
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$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 Srvcs	Ln 7 / Ln 8 Cola	\$126.11	\$63.28	\$0.00	\$14.85	\$24.41	(with L&H)	\$16.08	\$2.49	\$4.58	\$0.42
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2265</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$51.59								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$51.59	\$0.00	\$14.85	\$24.41		\$16.08	\$2.49	\$4.58	\$0.42
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$138.86	\$ 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										(rav)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,13	\$6.90	\$0.00	\$1.99	\$3.09	\$0.00	\$2.15	N/A	N/A	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		1.6476								
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.37								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.87	\$96.37	\$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 ([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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,96	\$0.96						İ		
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,89	\$2.89								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,07	\$4.38	\$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	\$212.94	\$100.75	\$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	uarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75				·			,	1		

1	rovider: Magnolia Manor St. Simons		Add-on Data and	Percentages	Facility Score	Add-on Percent	Cas	se Mix Index (CMI) Data		Facility Specific	State- wide
P	rvdr ID: 00141402A Case Mix Per Diem Rate Effective Date:	10/1/2019		owth Allowance; http://discore		13.37% 2.5%			d Overall CMI: Medicaid CMI:		1.2961 1.6433	1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	er On-Site Day/Q			3.0%	Ortrly Meaid		Wght Options:		1.6752	1.4694
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	in china	d	е	roporogo f . Section	g	g	grafición h abbanasi	I
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,181,049	\$3,112,621	\$0	\$641,999	\$319,487	\$328,576	\$899,748	\$96,061	\$782,557	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$91,675)	\$0	\$0	\$0	\$0	\$0	(\$95,911)		(\$143,080)	\$147,31
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	\$147,31
8	Total Nursing Facility Days As Filed Days = 40,531	FY12 Audited C/R Days	40,531									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,015	FY 18 GL-PL Ins Rpt Days								36,015		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/En 8 Col a	\$150.54	\$76.80	\$0.00	\$15.84	\$15.99	(with L&H)	\$19.83	\$2.67	\$15.78	\$3.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	ĺ	<u>1.2961</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/En 10		\$59.25								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2,67	\$15.78	\$3.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126,43	\$59.25	\$0.00	\$15.84	\$15.99		\$19.83	\$2.67	9.22	\$3.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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	\$2.65	\$2.67	\$9.22	\$3.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.20	1,6752	\$0.00	\$17.50	\$10.15	\$0.00	\$22.40	\$2.01	\$9.22	\$3.0
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.52								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$186.61	\$112.52 \$112.52	\$0.00	\$17.96	\$18.13	\$0.00	\$22.48	\$2.67	\$9.22	\$3.6
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.81	\$2.81	\$5.00	1	1	45.00	45.01		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	Ln 19 Col b x Sting Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	72.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.82	\$6.72	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.43	\$119.24	\$0.00	\$18.18	\$18.54	\$0.00	\$39.95	\$2.67	\$9.22	\$3,63

\$145.75

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	ovider: Magnolia Manor Methodist Nursing Care ordr ID: 00040785A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; etrly BIMS score	Facility Score N/A 42.3% 4.35	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.3316 1.5798 1.6097	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	eKek()au b reyser)	i i i i i c	idential de production	e	signi f gion	g	g	propose h istoria	angerite. An
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$9,064,693	\$5,146,324	\$0	\$992,512	\$721,208	\$562,732	\$1,200,525	\$189,134	\$252,258	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$247,316)	(\$7,001)	\$0	\$0	\$0	(\$374)	(\$171,270)	4730,101	(\$105,784)	\$37,113
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,817,377	\$5,139,323	\$0	\$992,512	\$721,208	\$562,358	\$1,029,255	\$189,134	\$146,474	\$37,113
8	Total Nursing Facility Days As Filed Days = 69,699	FY12 Audited C/R Days	69,699									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 63,134	FY 18 GL-PL ins Rpt Days								63,134		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3316</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$55.38	\$0.00	\$14.24	\$18.42		\$14.77	\$3.00	\$2.10	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.13	\$55.38	\$0,00	\$14.24	\$18.42		\$14.77	\$3.00	15.79 (FRV)	\$0,53
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.73	\$7.40	\$0.00	\$1.90	60.40	00.00	04.07			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$135,86	\$7.40 \$62.78	\$0.00	\$1.90	\$2.46 \$20.88	\$0.00 \$0.00	\$1.97 \$16.74	N/A \$3.00	N/A \$15.79	N/A \$0.53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	\$130.00	1.6097	φ0.00	\$10.14	\$20.00	\$0.00	\$10,74	\$3.00	\$15.79	\$0.55
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101,06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.14	\$101.06	\$0.00	\$16.14	\$20,88	\$0.00	\$16.74	\$3,00	\$15.79	\$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)	\$1,53	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53		,	,	75.50			23.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.03	\$3,03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$7.09	\$6.09	\$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	\$181.23	\$107.15	\$0.00	\$16.36	\$21,29	\$0.00	\$17.11	\$3.00	\$15.79	\$0.53
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$135.92			· · · · · · · · · · · · · · · · · · ·			•			

Color March Color Marc	1	Provider: Manor Care Rehab Ctr of Marietta		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index ((Facility Specific	State- wide
Description Sources		Case Mix Per Diem Rate Effective Date:		C	trly BIMS score	23,8%	1.0%	Qrtrly Mcaid	Quarterly I	Medicaid CMI;		1.4501	1.4446
CASE MIX BASED RATE CALCULATIONS		Description		Totals			Dietary		Operatns	and	and the second transfer and	and	and
Cost Center Peer Groups Cost Center Peer Groups Cost Center Peer Group Standards & Efficiency Measure Limits Cost Center Costs (Rectard Applied Center Standards & Efficiency Measure Limits Cost Center Costs (Rectard Applied Center Standards & Efficiency Measure Limits Cost Center Costs (Rectard Applied Center Standards & Efficiency Measure Limits Cost Center Costs (Rectard Applied Center Standards & Efficiency Measure Limits Cost Center Costs (Rectard Applied Center Standards & Efficiency Measure Limits Cost Center Costs (Rectard Applied Center Costs ((1) (1) (a) (1) (1)	delle yell b ditte ini	C	d	i zami ili e ministro.	Silas filas	g	nina gajira		otanije i emni
Type of Foodly within Feel Group And State Regards with Peel Group And State Regards with Peel Group And State Regards with Peel Group And State Regards with Peel Group And State Regards with Peel Group And State Regards with Peel Group And State Regards with Peel Group And State Regards with Peel Group Standards Regards And State Regards A	2	CASE MIX BASED RATE CALCULATIONS											
2 Pere Group Standarders Amelylier (see Poley Manual) (see Poley	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Since Combined) As Filed PY12 CR. FY2 20R GLP LR pt S8,342,490 \$4,375,091 \$0 \$777,002 \$297,088 \$344,623 \$1,273,859 \$514,329 \$500,498 \$700,401 \$100,000 \$133,912 \$33,101 \$200,000 \$20,877,002 \$297,088 \$344,623 \$1,273,859 \$31,273,859 \$31,329 \$33,007 \$31,000 \$333,912 \$33,007 \$33,007 \$31,000 \$333,912 \$33,007 \$31,000 \$333,912 \$33,007 \$31,000 \$333,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,000 \$31,000 \$	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
As Filed Cost Center Costs (Routine & Special Since Combined) As Filed PY12 CR. FY2 20R GLP LR pt S8,342,490 \$4,375,091 \$0 \$777,002 \$297,088 \$344,623 \$1,273,859 \$514,329 \$500,498 \$700,401 \$100,000 \$133,912 \$33,101 \$200,000 \$20,877,002 \$297,088 \$344,623 \$1,273,859 \$31,273,859 \$31,329 \$33,007 \$31,000 \$333,912 \$33,007 \$33,007 \$31,000 \$333,912 \$33,007 \$31,000 \$333,912 \$33,007 \$31,000 \$333,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,007 \$31,000 \$313,912 \$33,000 \$31,000 \$		Base Period Per Diem Allowed Amounts											
Cost Center Costs After Audit Adjustments	5		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
8 Total Nursing Facility Days As Filed Days = 40,191 FY12 Audited C/R Days 40,191 Total Nursing Facility Days GL-PL Ins. Rpt Days 104 Nursing Facility Days GL-PL Ins. Rpt Days 107 Not Part Diem Prior to Case Mix Adjetant for Routine Sives See See See See See See See See See S	6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$80,668	\$4,387	\$0	(\$1,184)		(\$14,347)				
Total Nursing Facility Days GL-PL Ins. Rpt	7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,423,158	\$4,379,478	\$0	1	\$297,088	\$330,276	\$1,163,658	\$614,329	· · ·	
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 40,191	FY12 Audited C/R Days	40,191									
Base Period Facility Case Mix Index for All Residents Frem 4 qirs of FY12 Lin 10 S86.52 S86.		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,639	FY 18 GL-PL Ins Rpt Days								39,639		
Routine Srives Case Mix Adjistid (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$209.79	\$108,97	\$0.00	\$19,30	\$15.61	(with L&H)	\$28.95	\$15.50	\$19.89	\$1.57
Net Per Diems after Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$86.52 \$5.00 \$519.30 \$515.61 \$28.95 \$515.50 \$19.89 \$51.57	10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.6382								
Per Diem Standards (After Statewide CMA for Routine Svcs) Per Peer Group Limits Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S150.02 S66.52 S0.00 S18.41 S20.66 S20.56 S15.50 11.85 S1.57 Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37½ Ln 14 x Grwth Allwanc % S16.19 S8.89 S0.00 S2.46 S2.09 S0.00 S2.46 S2.09 S0.00 S2.75 N/A N/A N/A N/A N/A N/A N/A N/	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.52								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S150.02 S66.52 S0.00 S18.41 S15.61 S20.56 S15.50 S11.85 S1.57 Quarterly Per Diem Rate Prior to Add-ons In 14 x Grwth Allowance Percentage = 13.37% Ln 14 x Grwth Allowance % S16.19 S16.21 S15.41 S16.22 S15.41 S0.00 S2.46 S2.09 S0.00 S2.45 S2.09 S0.00 S2.75 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.52	\$0.00	\$19.30	\$15.61		\$28.95	\$15.50	\$19.89	\$1.57
Quarterly Per Diem Rate Prior to Add-ons CFRV		,	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
15 Growth Allowance Percentage = 13.37% Ln 14 x Growth Allown % \$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 Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$111.03 \$1	14	•	Lesser of Ln 12 or Ln 13	\$150.02	\$66.52	\$0.00	\$18.41	\$15,61		\$20.56	\$15.50		\$1.57
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Stross Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem = 1.0% (to Routine Stros) 21 BIMS Add-on Per Diem = 1.0% (to Routine Stros) 22 Nurses Staff Irs / Quality Add-on Per Diem = 2.0% (to Routine Stros) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Efficiency Add-on Per Diem = 2.0% (to Routine Stros) 27 Nursing Home Provider Fee 38 Out Staff Irs / Quality Add-on Per Diem = 2.0% (to Routine Stros) 38 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 39 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 30 Out Staff Irs / Quality Add-on Per Diem = 3.0% (to Routine Stros) 30 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 31 Out Staff Irs / Quality Add-on Per Diem Add-on Amounts 32 O	15		In 14 v Gouth Allianc %	616.10	60.00	50.00	en 46	63.00	50.00	\$0.75	AV/A	ht/A	NIZA
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End Quarterly Medicaid CMA Allowed Per Diem		•						•		1			
18 Ortrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem Cquarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) Efficiency Add-on Per Diem = 1.0% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (fo Routine Srvs) Nursing Home Provider Fee (Fixed Amount) Sum of Lns 20 thru 23 Quarterly Case Mix Based Per Diem Rate Ln 16 x Ln 17 S111.03 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S20.87 S17.70 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 S17.10 S0.00 S11.85 S1.57				\$100.21		40.00	Ψ20.07	\$17.70	\$0,00	Ψ23.01	\$10,00	\$11.00	φ1.57
19 Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (§snd - Awd] x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 23 Nursing Home Provider Fee 34 Total Quarterly Per Diem Add-on Amounts 35 Quarterly Case Mix Based Per Diem Rate 36 Quarterly Case Mix Based Per Diem Rate 37 Quarterly Madd-on \$2.0.8 \$11.03 \$0.00 \$0													
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 \$0.00 \$0.41 \$0.00 \$	19	1 ' '	RS = Ln 18, AliOthr = Ln 16	\$201.83		\$0.00	\$20.87	\$17.70	\$0.00	\$23,31	\$15,50	\$11.85	\$1.57
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 \$0.00 \$0.41 \$0.00 \$		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.11 \$1.11 \$1.11 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.22 \$2.22 23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thnu 23 \$21.37 \$3.86 \$0.00 \$0.00 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$223.20 \$114.89 \$0.00 \$20.87 \$18.11 \$0.00 \$40.41 \$15.50 \$11.85 \$1.57	20		(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$2.22 \$2.22 \$2.22 \$2.22 \$17.10<	21		Ln 19 Col b x CPS Add-on									V	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.37 \$3.86 \$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 \$223.20 \$114.89 \$0.00 \$20.87 \$18.11 \$0.00 \$40.41 \$15.50 \$11.85 \$1.57	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.22	\$2.22								
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$223.20 \$114.89 \$0.00 \$20.87 \$18.11 \$0.00 \$40.41 \$15.50 \$11.85 \$1.57	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$21.37	\$3.86	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) *0.75 \$154,58	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.20	\$114.89	\$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	\$154.58									

Provide				Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr II	Case Mix Per D	Diem Rate Effective Date; Data per Quarter Ending;	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 24.5% 3.89	13.37% 1.0% 1.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.6688 1.2641 1.2811	1.3617 1.4446 1.4694
Line			Sou	rres / Totals Routine	Special	Dielani	Laundry & Plant Admin As	&G-GL-PL Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a		c	d	е	Baltale f eller H	g	9 g	egger El h im heigher	massama (Alisia)
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,625,627	\$4,465,528	so	\$840,596	\$382,254	\$390,308	\$1,730,610	\$162,679	\$653,652	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$296,438)	(\$3,847)	\$0	\$731	\$0	(\$6,945)	(\$410,728)	1 1	\$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 Adjstmt to Routine Srvcs	Ln7/Ln8 Cola	\$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 qlrs of FY12		<u>1.6688</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$59.04	\$0.00	\$18.58	\$16.91		\$29.15	\$3.94	\$15,64	\$1.54
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.15	\$59.04	\$0.00	\$18.41	\$16,91		\$20.56	\$3.94	11.75	\$1.54
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.36	\$7.89	\$0.00	\$2,46	\$2.26	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.51	\$66.93	\$0.00	\$20,87	\$19.17	\$0.00	\$23.31	\$3.94	\$11.75	\$1.54
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1,2811</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.74								ĺ
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166,32	\$85.74	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0,53	\$0.00	\$0.00	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Stfng 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	โภ 19 + โภ 24	\$186.08	\$87.99	\$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	\$126.74									

Provider:	Maple Ridge Health Care Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide_
Prvdr ID:	00534619A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qirly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 48.1% 2,53	13.37% 5.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.2349 1.4486 1.4723	1.3617 1.4446 1.4694

	3				2,00	0.070	Quary modelo	. O	regnii Optiona,		1.4723	1.4094
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
-:::::			а	b	C	d	e	400 (100 1 00 (100 (100	g	g	ericina en h anas de la c	injuly i mati
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$3,943,033	\$1,944,380	\$0	\$488,126	\$238,505	\$291,383	\$683,234	\$81,003	\$216,402	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$112,823)	\$182	\$0	\$0	\$0	\$46	(\$116,865)	401,000	(\$38,939)	\$42,753
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,830,210	\$1,944,562	\$0	\$488,126	\$238,505	\$291,429	\$566,369	\$81,003	\$177,463	\$42,753
8	Total Nursing Facility Days As Filed Days = 25,532	FY12 Audited C/R Days	25,532				•				,	,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,703	FY 18 GL-PL Ins Rpt Days								25,703		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$149.99	\$76.16	\$0.00	\$19.12	\$20.76	(with L&H)	\$22.18	\$3,15	\$6.95	\$1.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.2349</u>							·	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Strycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.30	\$61.67	\$0.00	\$18.41	\$20.76		\$20.56	\$3.15	14.08	\$1.67
	Considerate Base Street Batter & Address										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Lri 14 x Grwth Allwnc %	\$16.24	\$8.25	\$0,00	\$2.46	\$2,78	\$0.00	\$2.75		*1/*	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$16.24 \$156.54	\$69.92	\$0.00	\$2.46	\$2,78 \$23.54	\$0.00	\$2.75 \$23.31	N/A \$3.15	N/A	N/A \$1,67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$150.54	1.4723	\$0,00	\$20.07	\$23.54	\$0.00	\$23.31	\$3.13	\$14.08	\$1,07
18	Orlrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.94								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189.56	\$102.94	\$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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.66	\$5.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng 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	\$26.79	\$9,28	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$216.35	\$112.22	\$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	\$149.44								·	

Provider: McRae Manor Nursing Home Prvdr ID: 00141853A Case Mix Per Diem Rate Effective Date:	10/1/2019		Percentages with Allowance; trly BIMS score	Facility Score N/A 38.2%	Add-on Percent 13.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.1896 1.5892	State- wide 1,3617 1,4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	er On-Site Day/Q	uality Incentive:	3.32	2.0%	Ortrly Meald		Wght Options:		1.6187	1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		2	b	C.	d	(i) (i) (i) (i)	initial frame	g	9	h	
CASE MIX BASED RATE CALCULATIONS							ļ				
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50,0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Stress 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	ŝ
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$115,559)	(\$7,083)	\$0	so	\$0	\$0	(\$108,476)	4200,000	(\$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 Srvcs	Ln 7 / Ln 8 Cot a	\$117.94	\$66.02	\$0.00	\$16.33	\$17,85	(with L&H)	\$11.50	\$5.16	\$0.37	\$0,71
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1896</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55,50								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55,50	\$0.00	\$16.33	\$17.85		\$11.50	\$5.16	\$0.37	\$0.7
Per Diem Standards (After Statewide CMA for Routine Strycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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%	En 14 x Grwth Allwric %	\$13.53	\$7.42	\$0.00	0040	20.00	00.00				
16 CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$13.53 \$129.48	\$7.42 \$62.92	\$0.00	\$2.18 \$18.51	\$2.39 \$20.24	\$0.00 \$0.00	\$1.54 \$13.04	N/A \$5,16	N/A \$8.90	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$123.40	1.6187	90,00	\$10.31	₽20.24	QU,UU	\$13.04	\$5, Ib	\$6.90	\$0.71
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$101.85								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$168.41	\$101.85	\$0,00	\$18.51	\$20.24	\$0.00	\$13.04	\$5,16	\$8,90	\$0.71
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = <u>2.5%</u> (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.55	\$2,55								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.04	\$2.04								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,22	\$5.12	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$191.63	\$106.97	\$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	\$130.90									

1	rovider: Meadowbrook Healthcare rvdr ID: 00141864A Case Mix Per Diem Rate Effective Date:	10/1/2019		owth Allowance: etrly BIMS score		Add-on Percent 13.37% 5.5% 2.0%	-	Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wight Options;		Facility <u>Specific</u> 1,5049 1,8975 1,9336	State- wide 1.3617 1.4446 1.4694
Line	. Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	c	d	е	:::::::: f	g	g	Barrier h arasa sa	rational i essent
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,268,382	\$3,421,723	\$0	\$611,453	\$384,662	\$428,999	\$973,872	\$41,092	\$1,406,581	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$544,065)	(\$333,545)	\$0	(\$650)	(\$4,583)	(\$3,347)	(\$95,288)		(\$198,043)	\$91,391
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,724,317	\$3,088,178	\$0	\$610,803	\$380,079	\$425,652	\$878,584	\$41,092	\$1,208,538	\$91,391
8	Total Nursing Facility Days As Filed Days = 43,599	FY12 Audited C/R Days	43,599									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 42,766	FY 18 GL-PL Ins Rpt Days						į		42,766		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 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 Períod Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5049</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$47.07	\$0.00	\$14.01	\$18.48		\$20.15	\$0.96	14.07 (FRV)	\$2.10
1.5	Quarterly Per Diem Rate Prior to Add-ons	1-41-0-1-10-0-1										
15 16	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc % Ln 14 + Ln 15	\$13.32	\$6.29	\$0.00	\$1.87	\$2.47	\$0.00	\$2.69	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130.16	\$53,36	\$0.00	\$15.88	\$20.95	\$0.00	\$22.84	\$0.96	\$14.07	\$2.10
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 16 x La 17		<u>1.9336</u> \$103.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$179.98	\$103.18	\$0.00	\$15.88	\$20.95	\$0,00	\$22.84	\$0.96	\$14,07	\$2.10
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.47	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,31		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.67	\$5.67			42.11	75,55	70.01		\$5,50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$26.30	\$8.26	\$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	\$206.28	\$111.44	\$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	\$141.89							<u></u>		

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Meadow Prwdr ID: 0031679 H/B ?: No		10/01/19 06/30/19 Nursi		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 21.4% 4.04	Add-on Percent 13.37% 1.0% 3.0%		Quarter Icaid CMI w RU	riod Overall CMI: ly Medicaid CMI; G Wght Options:		Facility Specific Use Stwd 1.6600 1.6887	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	l c	d	е	f	g		h	<u> </u>
Cost Center Per Type of F Bed Size Peer Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Group Steper Allowed (2007) Growth Allowed Quarterly Facil Quarterly Per BIMS Add-on Nurse Staff H. Nursing Home	race Costs Facility Days GL-PL Ins. Rpt Diem (After CMA for Routine Srvcs) % of Std ance 13.4% Per Diem (After Growth Alowance) fility Case Mix Index for Medicaid Residents Srvcs Case Mix Adjstd (CMA) Net Per Diem ficial	FY2018 GL-PL ins. Rpt FY2018 GL-PL Ins. Rp1 FY 2012 Peer Group Limit	\$164.21 \$16.97 \$183.92 \$236.95 \$1.30 \$3.90 \$17.10 \$22.30	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.6887 \$130.05 \$130.05	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freeslanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87		1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 71,803 26,195 \$ 2.74 \$2.74	\$30.58 \$30.58 \$30.58 (FRV Rate) \$30.58	\$6.74 \$6.74 \$6.74
	Mix Based Per Diem Rate		\$259.26	\$135.25	1	\$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%	\$181.62			<u> </u>	<u>i </u>	<u> </u>	<u> </u>]	<u> </u>	<u> </u>	<u></u>

	vider: Medical Management H & R tr ID: 00141941A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Vurse Hours		th Allowance: y BIMS score	Facility Score N/A 40.3% 2.77	Add-on Percent 13.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility Specific 1.4091 1.6748 1.7073	State- wide 1.3599 1.4446 1.4694
Line # ·	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	đ	е	f	g	g	h	i
CA	SE MIX BASED RATE CALCULATIONS											
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0,41		50.0% 105.0% \$0.37			
1	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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		\$1,485,097	\$0	\$336,529	\$201,461	\$220,442	\$424,153	\$18,189	\$202,748	\$53,045
8	Total Nursing Facility Days As Filed Days = 31,340	FY13 Audited C/R Days	31,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,047	FY 18 GL-PL Ins Rpt Days								31,047		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$93,87	\$47.39	\$0.00	\$10.74	\$13.46	(with L&H)	\$13.53	\$0,59	\$6.47	\$1.69
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4091								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$33.63					***	** **		04.00
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9	1	\$33,63	\$0.00		\$13.46		\$13.53	\$0,59	\$6.47	\$1.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	64.00
14	Base-Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 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 Qir End		1,7073								
18	Orldy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$65.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	6 \$117.76	\$65.10	\$0.00	\$12.18	\$15.26	\$0.00	\$15.34	\$0.59	\$7.60	\$1,69
	Oundards Box Diem Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-or		\$1,63								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Sling Add-or	n \$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	\$22.21	\$4,11	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$139.97	\$69.21	\$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	\$92.15									
	Minimum Quarterly Case Mix Based Per Diem Rate	•	\$147.00									
	•	4 × 27 1 × 00 × 0.77										
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 27 - Ln 23) * 0.75	\$97.43									
HILLS	250-10-2010-12-27%, CtDt/LogeThan5471-12/26/2010		R-32 Reno	ort							nstitutional Reimbursemei	nt - DCH/DFS

\$0,00

\$0.00

\$8.47

\$0.00

\$0.41

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

1	ovider: Memorial Manor Nursing Home vdr ID: 00141919A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	· · · · · · · · · · · · · · · · · · ·			Facility Score N/A 47.9% 3.00	Add-on Percent 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:				Facility <u>Specific</u> 1.2378 1.2374 1.2560	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totats	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	angin b anda	C	Minter d (Minter		iiiiii fiiriii	g	g	a	ji ya 1
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,807,259	\$2,851,922	\$O	\$1,309,859	\$377,656	\$398,761	\$637,708	\$8,939	\$222,414	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,797)	so	\$0	\$0	\$448	\$473	(\$17,963)		(\$15,413)	\$15,658
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,790,462	\$2,851,922	\$0	\$1,309,859	\$378,104	\$399,234	\$619,745	\$8,939	\$207,001	\$15,658
8	Total Nursing Facility Days As Filed Days = 38,082	FY12 Audited C/R Days	38,082									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,592	FY 18 GL-PL Ins Rpt Days								35,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$152.07	\$74.89	\$0.00	\$34.40	\$20.41	(with L&H)	\$16.27	\$0.25	\$5.44	\$0.41
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2378</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.50								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.46	\$60.50	\$0.00	\$29.15	\$20.41		\$16,27	\$0.25	8.47	\$0.41
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.90	\$8.09	\$0.00	\$3.90	\$2.73	\$0.00	\$2.18	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$152.36	\$68.59	\$0.00	\$33.05	\$23,14	\$0.00	\$18.45	\$0.25	\$8.47	\$0.41
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	7.02.00	1.2560	40.00	455,55	4.0.	40.00	₩10.40	\$0.20	40.41	\$5,41
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.15								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169.92	\$86.15	\$0.00	\$33.05	\$23,14	\$0.00	\$18,45	\$0.25	\$8.47	\$0.41
	Quarterly Per Diem Add-on Amounts											

\$1.31

\$4.74

\$2,58

\$17.10

\$25,73

\$195.65

\$133.91

\$0.53

\$4,74

\$2,58

\$7.85

\$94.00

\$0,00

\$0.00

\$0.00

\$0.00

\$33,05

\$0,41

\$0.41

\$23.55

\$0.00

\$0.00

\$0.00

\$0.37

\$17.10

\$17.47

\$35.92

\$0,00

\$0.25

(see Policy Manual)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Strng Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

5.5% (to Routine Srvs)

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

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

20

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

Provider:	Miller Nursing Home			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State-
1 104.001.	J			Address Data and Fercentages	_00010	T CIGCIII	Case wix index (Cwii) Data	Specific	wide_
Prvdr ID:	00141996A			Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.5198	1.3617
	Ca	ase Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	50.9%	5.5%	Quarterly Medicaid CMI:	2.0994	1,4446
	MDS	& Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	5.42	3.0%	Ontrly Meaid CMI w RUG Wght Options:	2,1392	1.4694

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
. 1111			a	Ь	C	d	stillings e ntre int	20000 :	g	g	Pilitari Pilhaman	· · · · · · · i · · · · · · ·
<u>_</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,809,129	\$2,459,929	\$0	\$670,972	\$313,374	\$257,269	\$885,680	\$38,601	\$183,304	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$190,045) \$4,619,084	\$0 \$2,459,929	\$0 \$0	\$0 \$670,972	\$1,602 \$314,976	\$1,315 \$258,584	(\$193,847) \$691,833	\$38,601	(\$8,820) \$174,484	\$9,705 \$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	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	33,710							18,105		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$138.00	\$72.97 <u>1.5198</u>	\$0.00	\$19.90	\$17.01	(with L&H)	\$20,52	\$2.13	\$5.18	\$0.29
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$48.01								
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = En 11, AllOlhr = Ln 9 per Peer Group Limits		\$48.01 \$71.51	\$0.00	\$19.90 \$29.15	\$17.01 \$23.09		\$20.52 \$20.56	\$2.13	\$5.18 N/A	\$0.29
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.46	\$48.01	\$0.00	\$29.15 \$19.90	\$23.09 \$17.01		\$20.56	\$0.00 \$2.13	9.60 (<i>FRV</i>)	\$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 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End	\$131.55	\$54.43 <u>2.1392</u>	\$0.00	\$22.56	\$19.28	\$0,00	\$23,26	\$2.13	\$9.60	\$0.29
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr ≔ Ln 16	\$193.56	\$116.44 \$116.44	\$0.00	\$22.56	\$19.28	\$0.00	\$23.26	\$2.13	\$9.60	\$0.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.03		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.40	\$6,40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.49	\$3,49								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$28,18	\$10,42	\$0,00	\$0.22	\$0.41	\$0.00	\$17.13	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$221.74	\$126.86	\$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	\$153.48									

	Provider:	Miona Geriatric & E	Dementia Ctr		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID:	00141578A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,1439	1.3617
			Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	65.4%	5.5%	Quarterly Medicaid CMI:	1.8080	1,4446
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.8437	1.4694
-										
[de la comita				Pauting	Connial		Plant Admin	Property	Taxes

	MDS & Nuise His Data per Quarter Ending:	06/30/19 Nurse Hours pe	er On-Site Day/Q	uality incentive:	3.31	3.0%	Unriy Mcaid	CMIWRUG	Wght Options:	·	1.8437	1.4694
Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	and the beautiful	::::::::::::::::::::::::::::::::::::::	d	e	25000 f 2000	g	g;	garanta h ilitania	man, I gov
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts											
5	,	As Filed 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	FY12 Audited C/R Days	30,869									
_	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 30,012	FY 18 GL-PL Ins Rpt Days	*****							30,012		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cot a	\$105.23	\$54,27	\$0.00	\$14.42	\$14.37	(with L&H)	\$14.58	\$1.63	\$5.09	\$0,87
10		from 4 qtrs of FY12		1.1439								
	, , ,	Ln 9/Ln 10		\$47.44	•							
12		RS = Ln 11, AllOthr = Ln 9		\$47.44	\$0.00	\$14.42	\$14,37		\$14.58	\$1.63	\$5.09	\$0,87
14		per Peer Group Limits Lesser of Ln 12 or Ln 13	6400.00	\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
,,,	dase renica case Witx Adjusted Allowed Fet Dietil	Lesser of Cit 12 of Cit 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										(FKV)	
15	Growth Allowance Percentage = 13.37%	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 Qir End		1.8437								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99,15							:	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$160.71	\$99.15	\$0,00	\$16.35	\$16.29	\$0.00	\$16.53	\$1.63	\$9.89	\$0.87
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21		Ln 19 Col b x CPS Add-on	\$1.33	\$5.45	\$0.00	V0.22	90.41	\$5.00	φυ.3 <i>1</i>		50,00	
22	<u> </u>	Ln 19 Gol b x Strng Add-on	\$2.97	\$2.97								
23	-	(Fixed Amount)	\$17.10	42.07					\$17.10			
24	1 -	Sum of Ens 20 thru 23	\$27.05	\$8.95	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$187.76	\$108.10	\$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		*			4.300	1	1	70	47.00	45.07
20	Quarterly Fer Dieni Rate for Ded Hold and Leave Days	(LI 23 - EI 23) V./5	\$128.00									

	Provider: Prvdr ID:	Mitchell Convalescent Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
ı	Prvar ID;			Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.3464	1.3617
		Case Mix Per Diem Rate Effective Date:		Qtrly BIMS score	29.4%	1.0%	Quarterly Medicaid CMI:	1,3719	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.80	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.3933	1.4694
H			Produced the contract of the contract			······································			

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12:50			а	b	C C	MMMMd ARREST	ere i i i i e i di i i i i i	Marin Francis	g.	g	iliilii e h aireilea	::,:,:. i :
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$2,879,579	\$1,279,966 \$0	\$0 \$0	\$501,680	\$271,847	\$306,139	\$410,928	\$8,340	\$100,679	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$4,719) \$2,874,860	\$1,279,966	\$0 \$0	\$0 \$501,680	\$0 \$271,847	\$0 \$306,139	(\$4,719) \$406,209	\$8,340	(\$5,435) \$95,244	\$5,435 \$5,435
8	Total Nursing Facility Days As Filed Days = 17,211 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,233	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	17,211	,	, ,	,	1=1.112.11	,	,	17,233	400 <u>,</u> 2	\$5,150
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.24	\$0.00	\$29.15	\$33,58		\$23.60	\$0.48	\$5,53	\$0.32
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.03	\$55.24	\$0.00	\$29.15	\$23.09		\$20.56	\$0.48	10.19	\$0,32
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		1.3933								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	'	\$87,26								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$180.79	\$87.26	\$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 = 1.0% (to Routine Srvs)	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 Stress)	Lภ 19 Col 5 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	\$21.12	\$4.02	\$0.00	\$0.00	\$0.00	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լռ 24	\$201.91	\$91.28	\$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	\$138.61									

	Provider: Molena Nursing Home, Inc. Prvdr ID: 00142029A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: htrly BIMS score	32.1%	Add-on Percent 13,37% 2,5% 1.0%		Quarterly l	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2825 1.4641 1.4907	State- wide 1.3617 1.4446 1.4694
Line #	e Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Barrier Parents	C	d	е	heres figures	maio g	. g	balliffere h ead fields	
1	CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PŁ Rpl	\$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		FY12 Audited C/R Days	16,591									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,244	FY 18 GL-PL Ins Rpt Days								19,244		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.07	\$61.18	\$0,00	\$14.45	\$17.52	(with L&H)	\$23,67	\$0.58	\$15,00	\$1.67

i	ovider: Montezuma Health & Rehab	4P-Date	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (0 Base Perio	CMI) Data d Overall CMI:		Facility Specific 1,2929	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p	Q per On-Site Day/Q	trly BIMS score uality Incentive:	58.9% 3.67	5.5% 2,0%	Ortrly Mcaid	Quarterly I	Medicaid CMI: Wght Options:		1.4171 1.4381	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
e jin			а	iggs e saur d e amag éte	adili c iriyili	d	• • • • • • • • • • • • • • • • • • •	elektriko f eliterati	g	Jiliku g algai∀	2012:10:10:10 :h (2012:10:10:1	asylmitotaas
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$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 Srvcs	£n 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		<u>1.2929</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$62.12	\$0.00	\$13.61	\$17,44		\$19.06	\$3.28	\$23.85	\$1.25
13	Per Diem Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126,18	\$62.12	\$0.00	\$13.61	\$17,44		\$19.06	\$3.28	9.42 (FRV)	\$1,25
4.5	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowards Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$15,01	\$8.31	\$0.00	\$1.82	\$2.33	\$0.00	\$2,55	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15 per Current Qtr End	\$141.19	\$70.43	\$0,00	\$15.43	\$19.77	\$0.00	\$21,61	\$3.28	\$9.42	\$1.25
18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4381</u>								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.05	\$101.29 \$101.29	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Cal b x CPS Add-on	\$5.57	\$5,57			42.11	45.50			25.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,03	\$2.03								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.23	\$8.13	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$198.28	\$109.42	\$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	(£n 25 - Ln 23) * 0.75	\$135.89									

í	rovider: Mountain View Health and Rehab Center Prydr ID: 00143184A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	42.0%	Add-on Percent 13.37% 2.5% 2.0%	-	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,4052 1,5129 1,5385	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1.01			a a	b b	С	d	intilitie e	leside f ogget	an ang isina	iinga gajaan		i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	,,							,			
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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 Adjstmts	(\$79,630)	so	\$0	50	(\$2,160)	(\$2,360)		\$10,	(\$18,695)	\$16,67
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	\$16,67
8	Total Nursing Facility Days As Filed Days = 36,179	FY12 Audited C/R Days	36,179									-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,081	FY 18 GL-PL Ins Rpt Days								33,081		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$111.29	\$58.07	\$0,00	\$12.54	\$17.04	(with L&H)	\$15.42	\$0.59	\$7.17	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4052</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$41.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$41.32	\$0,00	\$12.54	\$17.04		\$15.42	\$0.59	\$7.17	\$0.4
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$94.88	\$41.32	\$0.00	\$12.54	\$17.04		\$15.42	\$0.59	7.51 (FRV)	\$0.46
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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		1.5385	7-,-3	,,,,,,,,,,,	\$.5.52	\$2,20]	40.00	ψ	Ψ5,π
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$72.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$131.64	\$72.06	\$0.00	\$14.22	\$19.32	\$0.00	\$17.48	\$0.59	\$7.51	\$0.46
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.80	\$1.80							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.44	\$1.44								
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	\$21.87	\$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	\$153,51	\$75.83	\$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	\$102.31			1			1			

1	Provider: Muscogee Manor & Rehab Center Prodr ID: 00083223A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: httly BIMS score	Facility Score N/A 49.5% 4.27	Add-on <u>Percent</u> 13,37% 5,5% 3,0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2862 1.3203 1.3406	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	A CONTRACTOR OF THE CONTRACTOR	c	d	e	contri f specifi	g	e de la composition della composition della comp	jidinah h	
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,594,213	\$5,561,817	\$0	\$1,411,906	\$555,090	\$655,317	\$2,562,448	\$149,821	\$697,814	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$437,974)	\$0	so	\$0	(\$122)	\$8,555	(\$450,916)	1 1	(\$9,418)	\$13,927
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,156,239	\$5,561,817	\$0	\$1,411,906	\$554,968	\$663,872	\$2,111,532	\$149,821	\$688,396	\$13,927
8	Total Nursing Facility Days As Filed Days = 43,099	FY12 Audited C/R Days	43,099			,	, , ,			, ,	*****	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 47,840	FY 18 GL-PL Ins Rpt Days								47,840		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$100.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$100.34	\$0.00	\$32.76	\$28.28		\$48.99	\$3,13	\$15.97	\$0.32
13	,	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.52	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$3.13	18.76	\$0.32
1	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19,30	\$9.56	\$0.00	\$3,90	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$185,82	\$81.07	\$0.00	\$33,05	\$26.18	\$0.00	\$23,31	\$3.13	\$18.76	\$0,32
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3406</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$213.43	\$108,68	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.98	\$5,98								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Lл 19 Col b x Stfng Add-on	\$3.26	\$3,26								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26,34	\$9.24	\$0.00	\$0.00	\$0.00	\$0.00	\$17,10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$239.77	\$117.92	\$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	\$167.00							·		

Part Part	- 1	rovider: Nancy Hart Nursing Center rvdr ID: 00141336A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 23.8% 3.24	Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2652 1.4141 1.4387	State- wide 1.3617 1.4446 1.4694
Control Peer Groups Free G		Description		Totals	17000 Lance and Sales March		Dietary		Operators	and	The second section is a second second	and	and
Cost Centur Peer Groups Cost Centur Peer Groups Cost Peer Group Standard with interface Continue of the Cost Standard Standard Peer Efficiency Measure Limits Peer Group Standards & Efficiency Measure Li	-	ACC MIX DACED DATE CALCULATIONS		i i i i i i i a	dayya bililiki	C C	d i	ayiiniya e nnyana	obiski figura	g	g	a ngolio h alikaday	13 yang i ,an
Type of Facility main Per Group Bet Biller Regres with Per Group Standards Regression Per Group Standards Refreshment (see in 20 for Activation)	=	ASE MIX BASED RATE CALCULATIONS											
2 Peer Group Standards: Preventing See Red Symanus See Red	1	Type of Facility within Peer Group	(see Policy Manual)			All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Struc Combines) As Filed Cost Center Costs (And Adjustments and Reallocations to Cost Center Costs FY12 CMR Assistants FY12 CMR Assistants FY12 CMR Cost Center Costs After Adjustments FY12 CMR Cost Cost Cost After Adjustments FY12 CMR Cost Cost Cost Cost After Adjustments FY12 CMR Cost Cost Cost Cost Cost Cost Cost Cost	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 CR Audit Adjustments \$346,965 \$0 \$0 \$3416 \$(\$2,7611) \$(\$2,605) \$(\$36,900) \$(\$34,630) \$29,984 \$70 \$10 \$		Base Period Per Diem Allowed Amounts											
Cost Center Costs After Audit Adjustments FY12 Audited CIR S2,631,267 Total Nursing Facility Days CL-PL Ins. Rpt As Fied Days = 22,551 Total Nursing Facility Days CL-PL Ins. Rpt As Fied Days = 10,642 PY13 Audited CIR Days PY13 Audited CIR Days PY13 Audited CIR Days Total Nursing Facility Days CL-PL Ins. Rpt As Fied Days = 10,642 PY13 Audited CIR Days PY13 Audited CIR Days PY13 Audited CIR Days Total Nursing Facility Days CL-PL Ins. Rpt As Fied Days = 10,642 In 7 In 8 Cols In 8 In In 8 In 8 In 8 In 8 In 8 In 8	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,678,272	\$1,275,431	\$0	\$337,858	\$197,436	\$186,331	\$449,818	\$57,540	\$173,858	\$0
8 Total Nursing Facility Days	1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$46,985)	\$0	\$0	\$416	(\$2,761)	(\$2,606)	(\$36,980)		(\$34,638)	\$29,584
Total Nursing Facility Days GL-PL Ins. Rpt	E	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
Section Sect	8	Total Nursing Facility Days As Filed Days = 22,951	FY12 Audited C/R Days	22,951									
10 Base Period Facility Case Mix Index for All Residents from 4 qus of FY12 Ln 9 Ln 9 Ln 10 S43,92 S0,00 S14,74 S16,49 S17,99 S3,09 S6,07 S1,29 Per Diem Staffer Case Mix Adjust (CMA) Net Per Diem Per Group Limits S71,51 S0,00 S18,41 S23,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,09 S20,56 S0,00 NMA S22,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S16,49 S17,99 S3,09 S17,14 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S14,74 S12,29 S20,00 S16,71 S18,69 S20,00 S20,40 S3,09 S7,14 S12,29 S20,00 S20,40 S3,09 S7,14 S12,29 S20,00 S20,40 S3,09 S7,14 S12,29 S20,40 S20,4			• •								18,642		
11 Routine Srives Case Mix Adjistal (CMA) Net Per Diem	1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs		\$115.24	\$55.57	\$0.00	\$14,74	\$16.49	(with L&H)	\$17,99	\$3.09	\$6.07	\$1,29
12 Net Per Diems after Case Mix Adjistrnt to Routine Srvcs	1				<u>1.2652</u>								
13 Per Diem Standards (Atter Statewide CMA for Routine Srvcs)	1	- · ·											
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$104.66 \$43.92 \$0.00 \$14.74 \$16.49 \$17.99 \$3.09 \$7.14 \$1.29 \$1.20 \$1	1		•				\$14.74			\$17.99	\$3.09	\$6.07	\$1.29
Courterfy Per Diam Rate Prior to Add-ons CFRV C	ı		·		******			•		\$20.56	\$0.00	N/A	
Courterly Per Diem Rate Prior to Add-ons Courterly Per Diem Rate Prior to Add-ons Courterly Per Diem Rate Prior to Add-ons Courterly R	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		\$1.29
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem = 1.0% (to Routine Srvcs) 21 BlMS Add-on Per Diem = 1.0% (to Routine Srvcs) 22 Nurses Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) 23 Nursing Home Provider Fee (Fixed Amounts) 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Per Diem Add-on Amounts 26 Efficiency Add-on Per Diem = 3.0% (to Routine Srvcs) 27 (Fixed Amount) 28 Sum of Lns 20 thru 23 \$21.50 \$3.40 \$0.00 \$30.00 \$16.93 \$19.10 \$0.00 \$37.87 \$3.09 \$7.14 \$1.29		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Facility Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Per Diem Add-on Amounts 10 Efficiency Add-on Per Diem = 1.0% (to Routine Srvs) 10 Russe Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 10 Russe Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 11 Pocl bx Stiffs Add-on Staff Per Diem Add-on Amounts 12 Efficiency Add-on Per Diem = 1.0% (to Routine Srvs) 13 Russing Home Provider Fee 14 Total Quarterly Per Diem Add-on Amounts 15 Sum of Lns 20 thru 23 \$21.50 \$3.40 \$0.00 \$16.93 \$19.10 \$0.00 \$37.87 \$3.09 \$7.14 \$1.29	15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.45	\$5.87	\$0.00	\$1.97	\$2.20	\$0.00	\$2.41	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 20 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Sind-Alwd) x.75, up to max, or 0) 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 23 Nursing Home Provider Fee 24 Total Quarterly Per Diem Add-on Amounts 25 Quarterly Redicaid CMA Allowed Per Diem 26 Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs) 27 Sum of Lns 20 thru 23 \$21.50 \$3.40 \$0.00 \$16.93 \$19.10 \$0.00 \$37.67 \$3.09 \$7.14 \$1.29	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$117.11	\$49.79	\$0.00	\$16.71	\$18.69	\$0,00	\$20.40	\$3.09	\$7,14	
19 Quarterly Medicaid CMA Allowed Per Diem	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4387								
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts St.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 20 Efficiency Add-on Per Diem ([Sind- Alwd] x.75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x Stifng Add-on \$2.15 \$2.15 \$2.15 \$2.15 \$2.15 \$17.10	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$71,63								
20 Efficiency Add-on Per Diem ([Sind- Alwd] x.75, up to max, or 0) (see Policy Manual) S1.53 S0.53 S0.00 \$0.22 \$0.41 S0.00 \$0.37 \$0.00 \$0.	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$138.95	\$71,63	\$0.00	\$16.71	\$18,69	\$0,00	\$20.40	\$3.09	\$7.14	\$1.29
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 \$0.37 \$0.00 \$0.37 \$0.00 \$0.		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$2.15 \$2	20	· ·	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.37		\$0,00	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.50 \$3.40 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.72	\$0,72					·			
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.50 \$3.40 \$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 \$160.45 \$75.03 \$0.00 \$16.93 \$19.10 \$0.00 \$37.87 \$3.09 \$7.14 \$1.29	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,15	\$2.15								
25 Quarterly Case Mix Based Per Diem Rate	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
71.00 70.00 70.00 70.00 70.00 70.00 70.00 70.00	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.50	\$3.40	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) *0.75 \$107.51	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$160.45	\$75.03	\$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	\$107.51									

Provider: New Horizons Limestone	Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID: 00142007A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	 Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 21.4% 3.89	13.37% 1.0% 3.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Ortrly Meaid CMI w RUG Woht Options;	1,2251 1,2698 1,2890	1.3617 1.4446 1.4694

			a on one buy, a	dainy moontro	. 0.03	0.070	Citily Modic	CIVII W IXOG	wyat Options.	•	1.2090	1.4094
Lîne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			:: : a ::::::	ь	c	d ·······	е	9000 f 8666	Similar grinss	g in	etilejisi (h Sheb d	n.Xm., 1 -11-11
g	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1					
	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Folicy Maridal)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Hosp Based	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 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Barrier British Britis						00.71		40.07			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	CO 500 405	P4 705 400			2511700					
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$8,528,195 (\$69,118)	\$4,765,490 \$2,078	\$0 \$0	\$907,894	\$514,762	\$679,003	1 ' '	\$62,740	\$477,379	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,459,077	\$2,078 \$4,767,568	\$0	\$907,894	(\$10,806) \$503,956	(\$14,256) \$664,747	(\$36,110) \$1,084,817	\$62,740	(\$15,554) \$461,825	\$5,530 \$5,530
8	Total Nursing Facility Days As Filed Days = 44,490	FY12 Audited C/R Days	44,490	Ψ4,707,000		4507,034	\$303,930	9004,141	\$1,004,017	\$02,740	\$401,025	\$5,530
	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 41,758	FY 18 GL-PL Ins Rpt Days	,,,							41,758		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$190.22	\$107,16	\$0.00	\$20,41	\$26.27	(with L&H)	\$24.38	\$1,50	\$10.38	\$0.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2251				, ,	,	1,,,,,	7.5.55	V ~
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$87.47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$87.47	\$0.00	\$20.41	\$26.27		\$24.38	\$1.50	\$10.38	\$0.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.73	\$71.51	\$0.00	\$20,41	\$23.09		\$20.56	\$1.50	12,54	\$0.12
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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)	£n 14 + Ln 15	\$167.86	\$81.07	\$0.00	\$23,14	\$26.18	\$0.00	\$23.31	\$1,50	\$12.54	\$0.12
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.2890								•
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.50								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.29	\$104.50	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.22	\$0.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05	1		13.00	25,50	\$5.00		45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.14	\$3,14								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.51	\$4.19	\$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	\$212.80	\$108.69	\$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	\$146.78									
		A	L									

1	rovider: New Horizons Lanier Park out ID: O0141072A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Alfowance: httly BIMS score		Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.2324 1.3110 1.3318	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
242.50			а	ite en bestell	c	iji pridagoji	e e	iiiiiiii f	9	g	Aleman h aragas (a.	anija lin a
<u> </u>	ASE MIX BASED RATE CALCULATIONS								İ			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		!	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	\$7,482,558	\$4,304,810	\$0	\$879,776	\$480,354	\$453,983	\$994,956	\$58,787	\$309,892	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$26,200)	(\$2,378)	\$0	\$0	\$478	\$8.078	(\$32,683)	450,101	(\$3,620)	\$3,925
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,456,358	\$4,302,432	\$0	\$879,776	\$480,832	\$462,061	\$962,273	\$58,787	\$306,272	\$3,925
8	Total Nursing Facility Days As Filed Days = 41,343	FY12 Audited C/R Days	41,343									, ,,,,,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,693	FY 18 GL-PL Ins Rpt Days								40,693		•
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$180.38	\$104,07	\$0.00	\$21.28	\$22.81	(with L&H)	\$23.28	\$1.44	\$7.41	\$0.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2324								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$84.44								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$84.44	\$0,00	\$21.28	\$22.81		\$23.28	\$1,44	\$7.41	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$158.45	\$71.51	\$0.00	\$21.28	\$22.81		\$20.56	\$1.44	20.76 (FRV)	\$0.09
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13,37%	£n 14 x Grwlh Allwnc %	242.04	** **								
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc %	\$18,21 \$176,66	\$9.56 \$81.07	\$0.00 \$0.00	\$2.85 \$24.13	\$3.05	\$0,00	\$2.75	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$170,00	1.3318	\$U.00	\$∠4,13	\$25.86	\$0.00	\$23.31	\$1.44	\$20,76	\$0.09
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107,97								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$203,56	\$107.97	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.43	\$0.00	\$0.00	\$0.22	\$0.21	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.08	\$1.08								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.85	\$4.32	\$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	\$225.41	\$112.29	\$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	(£n 25 - Ln 23) * 0.75	\$156.23									

State-

Facility

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

Facility

Add-on

	_	ider: New London Health Center		^	Add-on Data and P	oreantanee	Facility Score	Add-on Percent	Cae	e Mix Index (C	Mi) Data		Facility Specific	State- wide
	Prov Prvd			,		th Allowance:	N/A	13,37%	Cas		Overall CMI:		1.4991	1.3699
	PIVO	Case Mix Per Diem Rate Effective Date	: 10/01/19			y BIMS score	51.5%	5.5%			Medicaid CMI:		1.5266	1.4446
		MDS & Nurse Hrs Data per Quarter Ending	: 06/30/19	Nurse Hours pe	er On-Site Day/Qua	ality Incentive:	3.09	3.0%	Ortrly Mcaid	CMI w RUG V	Night Options:		1.5520	1.4694
		•								Plant	Admin		Property	Taxes
,	Line		Sou	irces /	Totals	Routine	Special	Dietary	Laundry &	Operains	and	A&G- GL-PL	and	and
•	#	Description	Calc	ulations		Services	Services	•	Houskpng	& Maint	General	Insurance	Related	Insurance
					а	ь	c	d	e	f	g	g	h	i
	CAS	SE MIX BASED RATE CALCULATIONS												
	1 (Cost Center Peer Groups	(see Poli	icy 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				All Dec Olzes	70) DED 31203	All Ded Oizes	All Ded Oiles	701 DEG CIZES	rai Dea Oizos			
		Peer Group Standards & Efficiency Measure Limits				90.0%	90.0%	90.0%	85.0%		50.0%			
	2	Peer Group Standards: Percentile Peer Group Standards: Multiplier		icy Manual) icy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
	4	Efficiency Measure Maximums (see line 20 for actual)	•	icy Manual)		\$0.53	\$0.00	\$0,22	\$0.41		\$0.37			
		Description of Description												
	5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed	1 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		Audit Adjstmts	(\$97,723)		\$0	\$0	\$0	\$0	(\$97,723)		(\$72,835)	\$72,835
	7	Cost Center Costs After Audit Adjustments		udited C/R		\$3,335,176	\$0	\$738,448	\$335,832		\$1,214,179	\$185,098	\$2,299,945	\$72,835
	8 .	Total Nursing Facility Days As Filed Days = 48,462		ited C/R Days	48,462	40,000,111	**	*****	*	*,	, ,,	,		
	Ü	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,366		L Ins Rot Days								48,366		
	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs		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	(rom 4 c	urs of FY10	******	1,4991		•						
	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	լո 9) / Lm 10		\$45.91								
	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer	Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of t	Ln 12 or Ln 13	\$117.39	\$45.91	\$0.00	\$15.24	\$15.01		\$23.46	\$3.83	12.44	\$1.50
		Date (Glow Gullo IIII / Iajasteu / III / Iajasteu / III / Iajasteu / III / Iajasteu / III / Iajasteu / Iii / Iajasteu / Iii / Iajasteu / Iii / Iajasteu / Iii / Iajasteu / Iii / Iajasteu / Iii / Iajasteu / Iaj											(FRV)	
	. (Quarterly Per Diem Rate Prior to Add-ons							****	***	60.44	3146	61/4	B1/6
	15	Growth Allowance Percentage = 13.4%		rwth Allwnc %	\$13.33	\$6.14	\$0.00		\$2.01	\$0.00	\$3,14	N/A	N/A \$12.44	N/A \$1.50
	16	CMA Allowed Per Diem (After Growth Allowance Add-on)		1 + 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	· ·	ent Qir End		1.5520								
	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		3 x Ln 17	****	\$80.78	00.00	447.00	047.00	\$0.00	\$26.60	\$3.83	\$12,44	\$1,50
	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18,	AliOthr = Ln 16	\$159.45	\$80.78	\$0.00	\$17.28	\$17.02	\$0.00	\$20.00	\$3.03	\$12,44	\$1,30
		Quarterly Per Diem Add-on Amounts												
	20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Po	licy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
	21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs	i) Ln 19 Col b	x CPS Add-on	\$4.44									
	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)		x Sting Add-on	\$2,42									
	23	Nursing Home Provider Fee	-	d Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diern Add-on Amounts	Sum of L	ns 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	9 + Ln 24	\$184.57	\$88.17	\$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	\$125.60									
	2,0	Quarterry i of Dieni Nate for Dea floid and Leave Days	(2 20		4.20.00									

R-32 Report

\$17.10

\$17.47

\$37.72

\$0,00

\$3.17

\$0.00

\$12.59

\$0.00

\$0.92

\$0.00

\$0.00

\$20.88

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

1	rovider: Newnan Hosp. Health & Rehab Ctr outr ID: 00040719A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	34.9%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2207 1.4607 1.4859	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ACE MIY DACED DATE CALCULATIONS		a	31134431. b (81115)	C	d	entitie etimise	gigijas faşliyişi	g	### g = 1 + 1		
1	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Srvcs	£n7/Ln8 Co∓a	\$156.84	\$83.40	\$0.00	\$16,12	\$18.06	(with L&H)	\$17.86	\$3,17	\$17.31	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2207								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	-	\$68.32								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.32	\$0.00	\$16,12	\$18.06		\$17.86	\$3.17	\$17.31	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of i,n 12 or i,n 13	\$137.04	\$68.32	\$0,00	\$16.12	\$18.06		\$17.86	\$3.17	12.59	\$0.92
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.09	\$9.13	\$0.00	\$2.16	\$2.41	\$0.00	\$2.39	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Lπ 15	\$153.13	\$77.45	\$0.00	\$18.28	\$20,47	\$0.00	\$20.25	\$3.17	\$12.59	\$0.92
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4859			231 17	1	1==:=0		1.2.00	13.02
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.08								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$190.76	\$115.08	\$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	

\$2,88

\$3.45

\$17.10

\$24,96

\$215.72

\$148.97

\$2.88

\$3.45

\$6.86

\$121.94

\$0.00

\$0,22

\$18,50

21

22

23

24

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

25 Quarterly Case Mix Based Per Diem Rate

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

2.5% (to Routine Srvs)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0,75

Provider:	National Health Care of Rossville		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide_
Prvdr ID:	00083146A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 13.0% 3.74	13.37% 0.0%	Base Period Overall CMI: Quarterly Medicaid CMI:	1.3032 1,2271	1.3617 1.4446
	<u> </u>		Noise nous per On-Site Day/Quality Incentive:		3,0%	Qrtrly Mcaid CMI w RUG Wght Options:	1,2445	1,4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c.	d d	е	Mary Co. F (Clinica)	g	g	lada aya h sadak ka	ANDARA LEVE
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Fifed Cost Center Costs (Routine & Special Srvcs 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 Reaflocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$219,774)	(\$4,032)	\$0	\$3,835	\$0	\$1,561	(\$221,138)		(\$36,195)	\$36,195
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,768,531	\$2,934,252	\$0	\$544,745	\$289,823	\$284,854	\$742,813	\$148,675	\$787,174	\$36,195
8	Total Nursing Facility Days As Filed Days = 35,819	FY12 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 Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.3032								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / En 10		\$62,86								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = 1,n 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 Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.55	\$62.86	\$0.00	\$15.21	\$16.04		\$20,56	\$4.60	9.27	\$1.01
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwinc %	\$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 + En 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		1.2445								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x £n 17		\$88.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.29	\$88.68	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			45.77	45.50	15.25	j	\$5.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.66	\$2,66								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.92	\$3.19	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$183.21	\$91.87	\$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	\$124.58			1						

Provider:	NHC of Fort Oglethorpe			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00344759A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.4032	1.3617
	Case Mix Per Diem Rat	te Effective Date:	10/1/2019	Qtrly BIMS score	25.6%	1.0%	Quarterly Medicaid CMI:	1.3773	1,4446
	MDS & Nurse Hrs Data per	Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.20	3.0%	Ortrly Mcaid CMI w RUG Wght Options;	1.4002	1,4694
<u> </u>	The state of the s	:		Control of the contro			5.5		

Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	- British berilling	С	d	e	Militar f Geografia	i g	g	iina ya h rozilar	Addition Leaves
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	ČC 070 404	F2 44C 00C	•0	6740 000	2070.054	*****	** *** ***	*****	****	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$6,978,191 (\$380,131)	\$3,446,206 (\$5,079)	\$0 \$0	\$710,988 \$10,065	\$379,954 (\$160)	\$432,374 (\$7,154)	\$1,467,498 (\$377,661)	\$205,015	\$336,156 \$2,726	\$0 (\$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 Srvcs	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		from 4 qtrs of FY12		1.4032								
11	,	Ln 9 / Ln 10		\$56.02								
12	· ·	RS = Ln 11, AllOthr = Ln 9		\$56,02	\$0.00	\$16.47	\$18.39		\$24.90	\$4.57	\$7.74	(\$0,07
13		per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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										(FKV)	
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)	in 14 + in 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		1.4002								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88,93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOlhr = £n 16	\$168.17	\$88.93	\$0,00	\$18.67	\$20.85	\$0.00	\$23.31	\$4,57	\$11,91	(\$9.07
	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 = 1.0% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$0.89	\$0.89								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.67	\$2.67								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.82	\$4.09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.99	\$93.02	\$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	(£n 25 - Ln 23) * 0,75	\$129.67									

1	rovider: Northeast Atlanta H & R Ctr.		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (0		•	Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe		owth Allowance; htrly BIMS score uality Incentive;	43.8%	13.37% 2.5% 3.0%	Ortrly Moaid	Quarterly i	d Overall CMI: Medicaid CMI: Wght Options:		1.4802 1.5231 1.5502	1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1,123.2			а	rigikę b gigky	С	d	e	Allen filmer	g	g	i di di di di di di di di di di di di di	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$10,237,012	\$4,454,255	\$0	\$908,056	\$453,799	\$518,995	\$1,877,635	\$400,810	\$1,623,462	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$312,135)	(\$10,196)	\$0	\$0	\$0	\$0	(\$301,939)		(\$113,774)	\$113,774
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$9,924,877	\$4,444,059	\$0	\$908,056	\$453,799	\$518,995	\$1,575,696	\$400,810	\$1,509,688	\$113,774
8	Total Nursing Facility Days As Filed Days = 52,637	FY12 Audited C/R Days	52,637									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,643	FY 18 GL-PL ins Rpt Days								44,643		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr ≃ Ln 9		\$57.04	\$0.00	\$17.25	\$18.48		\$29.94	\$8.98	\$28.68	\$2.16
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	,	\$71.51	\$0,00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$136.40	\$57.04	\$0.00	\$17.25	\$18.48		\$20.56	\$8.98	11.93 (FRV)	\$2.16
	Quarterly Per Diem Rate Prior to Add-ons										11-11-11	
15	Growth Allowance Percentage = 13.37%	in 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 Medicald Residents	per Current Qtr End		<u>1.5502</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.14	\$100,25	\$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 ([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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.51	\$2.51								j
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	\$3.01								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.78	\$6.05	\$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	\$210.92	\$106.30	\$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	\$145,37			•			*			······································

Provid Prvdr I	•	10/1/2019		with Allowance: trly BIMS score		Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI Wght Options:		Facility <u>Specific</u> 1.3456 1.4261 1.4496	State- <u>wide</u> 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASI	E MIX BASED RATE CALCULATIONS		2000	b	C	d	e	::::::::::::::::::::::::::::::::::::::	g	g	einadii h aayaa	i
	, , , , , , , , , , , , , , , , , , , ,											
1 00	st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 P	er Group Standards & Efficiency Measure Limits der Group Standards: Percentile der Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
Bas	se Period Per Diem Allowed Amounts											
5 A	s Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	st \$9,213,088	\$4,037,489	\$0	\$966,434	\$429,444	\$709,794	\$2,535,769	\$170,418	\$363,740	\$0
1 1	udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$759,019)	\$792,763	\$0	\$0	\$1,456	(\$29,226)	(\$1,556,120)		\$32,108	\$0
1 1	ost 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		
1 1	let Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.3456</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$63.88								
	et Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.88	\$0.00	\$17.20	\$19.78		\$17.43	\$3,04	\$7.04	\$0.00
1 1	er Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 B	ase 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
Qua	arterly Per Diem Rate Prior to Add-ons										(rav)	
15 G	rowth Allowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$15.81	\$8.54	\$0.00	\$2.30	\$2.64	\$0,00	\$2.33	N/A	N/A	N/A
1 1	MA Allowed Per Diem (After Growth Allowance Add-on)	£n 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		<u>1.4496</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104.98								
19 Q	uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$179.71	\$104.98	\$0.00	\$19.50	\$22.42	\$0.00	\$19.76	\$3.04	\$10.01	\$0,00
Qua	arterly Per Diem Add-on Amounts											
1 1	fficiency 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 B	IMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.05	\$1.05								
22 N	urse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.15	\$3.15								
1 1	ursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24 To	otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.83	\$4.73	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25 Qua	arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$202.54	\$109.71	\$0.00	\$19.72	\$22.83	\$0.00	\$37.23	\$3.04	\$10.01	\$0.00
26 Qua	arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$139,08									·

	rovider: Prvdr ID:	Nursecare of Buck 00142183A	khead Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hours	***	th Allowance: ly BIMS score	Facility Score N/A 22.3% 3.31	Add-on Percent 13.37% 1.0% 3.0%			i Overall CMI: Medicaid CMI;		Facility Specific 1,3783 1,4042 1,4280	State- wide 1.3699 1.4446 1.4694
Line #	:	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		•			а	b	С	đ	e	f	g	g	h	1
· c	ASE N	MIX BASED RATE CAL	CULATIONS											
1	Cost	Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range wilhin Peer Grou		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3. 4	Peer Peer	Group Standards & Efficienc r Group Standards: Percentile r Group Standards: Multiplier ciency Measure Maximums (sc		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base l	Period Per Diem Allowed An	nounts											
5	As F	Filed Cost Center Costs (Routi	ine & Special Srvcs 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	Audi	it Adjustments and Reallocatio	ns to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$228,212)	\$0	\$0	\$0	\$0	\$0	(\$228,212)		(\$250,820)	\$250,820
7	Cost	t Center Costs After Audit Adju	ustments	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		otal Nursing Facility Days	As Filed Days = 77,604	FY13 Audited C/R Days	77,604									
		otal Nursing Facility Days GL-F	•	FY 18 GL-PL Ins Rpt Days								76,020		
9		Per Diems prior to Case Mix A	-	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		ase Period Facility Case Mix Ir		from 4 qlrs of FY10		1.3783								
11		outine Srvcs Case Mix Adjstd	• •	Ln 9 / Ln 10		\$52.69	***		***		***	****	***	***
12		Per Diems after Case Mix Adj		RS = Ln 11, AllOthr = Ln 9		\$52.69	\$0.00	\$15.27	\$19.08		\$25.22	\$3.64	\$27,47	\$3.23
13		Diem Standards (After Statewid	•	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$ 126.95	\$73.90 \$52.69	\$0.00 \$0.00	\$19,14 \$15,27	\$23.27		\$23.46	\$0.00	N/A	60.00
14	Base	e Period Case Mix Adjusted Ai	llowed Per Diem	Lesser of Lit 12 of Lit 13	\$126.95	\$52,69	\$0.00	\$15.27	\$19.08		\$23.46	\$3.64	9.58 (FRV)	\$3.23
	Quarte	terly Per Diem Rate Prior to A	Add-ons										,	
15	Grov	with 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	A Allowed Per Diem (After Grow	rth 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	Q	uarterly Facility Case Mix Inde	x for Medicaid Residents	per Current Qtr End		1.4280								
18		Irtrly Routine Srvcs Case Mix A	Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$85.29								
19	Qua	irterly Medicaid CMA Allowed I	Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.28	\$85.29	\$0,00	\$17.31	\$21,63	\$0.00	\$26,60	\$3.64	\$9.58	\$3,23
	Quarte	terly Per Diem Add-on Amou	nts											
20		ciency Add-on Per Diem ((Sind		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	віма	S Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.85	\$0.85								
22	Nurs	se Staff Hrs / Quality Add-on P	er Diem = 3,0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.56	\$2.56								
23	Nurs	sing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Tota	al Quarterly Per Diem Add-on A	Amounts	Sum of Lns 20 thru 23	\$21.67	\$3.94	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quart	erly Case Mix Based Per Die	em Rate	Ln 19 + Ln 24	\$188.95	\$89.23	\$0.00	\$17.53	\$22.04	\$0.00	\$43.70	\$3.64	\$9.58	\$3.23
26	Quarte	erly Per Diem Rate for Bed I	Hold and Leave Days	(Լո 25 - էո 23) * 0,75	\$128.89									

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 Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 43.7% 2.99	13.37% 2.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1,2630 1,2936 1,3152	1.3617 1.4446 1,4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a property and the second	-2100 b 3000	alligion liga	freed Nest	diameter entrepris	f design	g::::::::	g	h	Second Leave
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facililies Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			A
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											İ
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,469,447	\$2,585,315	\$0	\$489,991	\$288,139	\$286,096	\$568,338	\$96,019	\$155,549	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$40,534)	(\$18,225)	\$0	\$0	\$0	\$0	(\$22,309)		(\$16,476)	\$16,476
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,428,913	\$2,567,090	\$0	\$489,991	\$288,139	\$286,096	\$546,029	\$96,019	\$139,073	\$16,476
8	Total Nursing Facility Days As Filed Days = 34,419	FY12 Audited C/R Days	34,419									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,806	FY 18 GL-PL Ins Rpt Days								35,806		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2630</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$59.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.05	\$0.00	\$14.24	\$16.68	ļ	\$15,86	\$2.68	\$4.04	\$0.48
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.28	\$59,05	\$0.00	\$14.24	\$16.68		\$15,86	\$2.68	8.29	\$0.48
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.14	\$7.89	\$0.00	\$1.90	\$2.23	\$0.00	\$2.12	N/A	N/A	N/A
16	CMA Allowed Per Diern (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		1.3152							•	
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.52	\$88.04	\$0.00	\$16.14	\$18.91	\$0.00	\$17.98	\$2.68	\$8.29	\$0.48
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.20	\$2.20	00.00	40.22	\$0.41	\$0.00	Q0.57		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$2.64	\$2.64								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	420 7					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.47	\$5.37	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$175.99	\$93.41	\$0.00	\$16,36	\$19.32	\$0.00	\$35.45	\$2.68	\$8.29	\$0.48
	•				70.00	1	4.0.02	40.00	400,40	72.30	40.23	\$0,40
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$119.17									

					Facility	Add-on		Facility	State-
ı	Provider:	Oakview Health & Rehab Center		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific .	<u>wide</u>
	Prvdr ID;	00142238A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,2538	1.3617
ļ		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	33.9%	2,5%	Quarterly Medicaid CMI:	1,5161	1,4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.43	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.5431	1,4694

		,					4,11,111	C, 1. 11.00	rrgin Opnono.		1.0-01	1,4054
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	on contract	d	e	Some Frague	g	52 g	h h	Arguit i dana
c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	· ·			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,465,862	\$4,035,413	\$0	\$774,649	\$486,582	\$548,811	\$903,417	\$144,260	\$572,730	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,401)	(\$89,269)	\$0	\$0	(\$2,153)	(\$2,429)	\$46,882		(\$25,366)	\$22,934
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,416,461	\$3,946,144	\$0	\$774,649	\$484,429	\$546,382	\$950,299	\$144,260	\$547,364	\$22,934
8	Total Nursing Facility Days As Filed Days = 51,873	FY12 Audited C/R Days	51,873									-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,667	FY 18 GL-PL Ins Rpt Days								52,667		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$60.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	\$10.55	\$0,44
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.55	\$60.67	\$0.00	\$14.93	\$19.87		\$18.32	\$2.74	15.58	\$0.44
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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	V. (1.1.)	1.5431	40.00	0.0,00	422.00	40.00	\$20.77	Ψ2,1-4	\$15.56	\$0.44
18	Ortrly Routine Srvcs 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	\$185,12	\$106,13	\$0.00	\$16.93	\$22,53	\$0,00	\$20.77	\$2.74	\$15.58	\$0.44
	Guardadu Ban Diana Add an Amanada											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	60.07		ec 22	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53 \$2.65	\$2.65	φυ.υυ	30.22	\$U,41	\$0,00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$2.65	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$3,10					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,46	\$6,36	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$209.58	\$112.49	\$0.00	\$17.15	\$22.94	\$0.00	\$38.24	\$0.00	\$15.58	\$0.00
	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$144,36						L	7	7.2.30	1
	wasterny . or brown hate for bed field and Leave bays	(20120-20120) 0.70	\$144.30									

Quarterly Case Mix Per Diem Calculation

FINAL

Pn	ovider: Oceanside Health & Rehab - Tybee vdr ID: 003188970A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 19.7% 3.19	Add-on Percent 13.37% 0.0% 1.0%		Quarter	: (CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.5058 1.5327	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	е	ſ	g		h	ļ i
	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$143.35 \$16.97 \$163.13 \$204.15 \$0.00 \$1.18 \$17.10 \$18.22	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.5327 \$118.04 \$118.04	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14	\$ 2.81	\$16.46 \$16.46 (FRV Rate) \$16.46	
	Quarterly Case Mix Based Per Diem Rate		\$222.43	\$119.22		\$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%	\$154.00	ļl		<u> </u>	<u> </u>	<u> </u>		<u> </u>		J	<u> </u>

Provider:	Oconee Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide_
Prvdr ID:	00142293A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 27.3% 3.30	13,37% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Woht Options:	1.1620 1.3655 1.3895	1.3617 1.4446 1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	iligatiyaa b yaastay	c	d	e in i	A CONTROL CONTROL	g	grand grandell	ianian hadaya	.,::::::::::::::::::::::::::::::::::::
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,430,942	\$1,169,546	so	\$286,116	\$161,467	\$218,516	\$341,229	\$47,879	E000 400	•••
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,617)	\$1,109,540	so	\$200,110	\$101,407	· ·		' '	\$206,189	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,422,325	\$1,169,546	\$0	\$286,116	\$161,467	\$0 \$218,516	(\$8,617) \$332,612	\$47,879	(\$8,381) \$197,808	\$8,381 \$8,381
8	Total Nursing Facility Days As Filed Days = 14,885	FY12 Audited C/R Days	14.885	ψ1,100,040	-	9200,110	\$101,401	\$210,510	\$332,012	347,075	\$157,000	40,301
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,204	FY 18 GL-PL ins Rpt Days	77,000							17,204		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$162.30	\$78.57	\$0.00	\$19.22	\$25.53	(with L&H)	\$22.35	\$2.78	\$13.29	\$0.56
10	Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY12	7102.00	1.1620		0,0.22	Q20.00	(11101 2011)	W2.2.00	32.70	\$10.23	\$0.50
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67,61								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$67.61	\$0.00	\$19.22	\$25.53		\$22.35	\$2.78	\$13.29	\$0.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	******
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.86	\$67.61	\$0,00	\$18.41	\$23.09		\$20.56	\$2.78	9.85	\$0,56
	On the Book Brown Addition										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.34	\$9.04	\$0.00	\$2.46	\$3.09	60.00	\$2.75			
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 \$0.00	\$2.75	N/A	N/A \$9.85	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.20	1.3895	90,00	<i>⊕</i> ∠0.07	\$20.18	\$0.00	\$20,31	\$2.78	\$3.55	\$0.56
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr ≈ Ln 16	\$190.06	\$106.51	\$0.00	\$20.87	\$26,18	\$0.00	\$23.31	\$2.78	\$9.85	\$0.56
					•=,==		420,10		4	1	40.00	\$0.00
	Quarterly Per Diem Add-on Amounts	4 . 5 . 4 . 5										
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 22	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Coi b x CPS Add-on	\$1.07	\$1.07								
23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Stfng Add-on (Fixed Amount)	\$3.20	\$3.20					017			
24	Total Quarterly Per Diem Add-on Amounts	(rixed Amount) Sum of Lns 20 thru 23	\$17.10 \$21.90	64.00	60.00	80.00		60.00	\$17.10	00.55	l	
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24		\$4.80	\$0.00	\$0,00	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0,00
20	Quarterly Case MIX Based Per Diem Kate	Ln 19 + Ln 24	\$211.96	\$111.31	\$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	\$146.15									

1	Provider: Oconee Regional SNF Prodr ID: 00947658A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; htrly BIMS score	50.0%	Add-on Percent 13.37% 5.5% 0.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 2.1590 2.0965 2.1385	State- wide 1.3617 1.4446 1.4694
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	NASE MIX PASED DATE OALOU ATIONS		а	dajvija b atyljita s	c in	d d	ė	illing former	g	g	payeenski, h eederskers	· i ·
1	CASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,812,723	\$765,901	\$0	\$176,858	\$67,047	\$204,465	\$1,273,331	\$20,101	\$305,020	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$26,025) \$2,786,698	\$0 \$765,901	\$0 \$0	\$0 \$176,858	\$0 \$67,047	\$0 \$204,465	(\$26,025) \$1,247,306	\$20,101	(\$3,258) \$301,762	\$3,258 \$3,258
8	Total Nursing Facility Days As Filed Days = 3,356 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 2,003	FY12 Audited C/R Days FY 18 GL-PŁ Ins Rpt Days	3,356				And Andread An			2,003		
9 10 11		Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$834.41	\$228.22 2.1590	\$0,00	\$52.70	\$80.90	(with L&H)	\$371.66	\$10.04	\$89.92	\$0.97
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AliOthr ≈ Ln 9		\$105.71 \$105.71	\$0.00	\$52.70	\$80.90		\$371.66	\$10.04	\$89.92	\$0,97
13 14		per Peer Group Limits Lesser of Ln 12 or Ln 13	\$176.93	\$71.51 \$71.51	\$0,00 \$0,00	\$29.15 \$29.15	\$23.09 \$23.09		\$20,56 \$20,56	\$0.00 \$10.04	N/A 21.61	\$0,97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 16		in 14 x Grwth Allwnc % In 14 + in 15	\$19.30 \$196.23	\$9.56 \$81.07	\$0.00 \$0.00	\$3.90 \$33.05	\$3.09 \$26.18	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$10.04	N/A \$21.61	N/A \$0.97
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		2.1385							72	40.01
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$288.53	\$173,37 \$173,37	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$10.04	\$21,61	\$0.97
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.00	\$0,00	\$0.00	\$0.00	\$0.00	60.00	60.00		#C ^^	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$0.00 \$9,54	\$0,00 \$9,54	\$0.00	\$0.00	\$0,00	\$0.00	\$0.00		\$0.00	
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs) Nursing Home Provider Fee	t.n 19 Col b x Stfng Add-on (Fixed Amount)	\$0,00 \$17,10	\$0.00					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.64	\$9.54	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

\$315.17

\$223,55

\$182.91

\$0.00

\$33.05

\$26.18

\$0.00

\$40.41

\$10.04

\$21.61

\$0.97

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provi Prvdi	· · · · · · · · · · · · · · · · · · ·	10/1/2019		owth Allowance: trly BIMS score	41.0%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI Medicaid CMI: Wght Options:		Facility <u>Specific</u> 0.9752 1.2047 1.2241	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			i dilika minin	b	С	d	engent	200 (193 f 2010 (199	g	g g	Westerhauer der	
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0,37			
В	ase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$3,470,207	\$1,889,571	\$0	\$410,260	\$203,048	\$216,850	\$506,974	\$100,590	\$142,914	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,088)	(\$3,895)	\$0	\$0	\$0	\$0	(\$39,193)		(\$13,502)	\$13,502
7	Cost Center Costs After Audit Adjustments	FY12 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 As Filed Days = 29,547	FY12 Audited C/R Days	29,547									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,624	FY 18 GL-PL Ins Rpt Days								29,624		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$115.98	\$63.82	\$0.00	\$13,88	\$14.21	(with L&H)	\$15,83	\$3.40	\$4.38	\$0.46
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9752								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.44								
1 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	\$4.38	\$0.46
1 1	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.71	\$65.44	\$0.00	\$13.88	\$14.21		\$15.83	\$3.40	7.49	\$0.46
Q	uarterly Per Diem Rate Prior to Add-ons		İ								(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.63	\$8.75	\$0.00	\$1.86	\$1.90	\$0.00	\$2.12	N/A	N/A	N/A
	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2241</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.82								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = Ln 16	\$151.97	\$90.82	\$0,00	\$15.74	\$16.11	\$0,00	\$17.95	\$3.40	\$7.49	\$0.46
O	uarterly Per Diem Add-on Amounts											
1 1	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	
: ;	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.27	\$2.27				, ,,,,,			75.55	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$2.72	\$2.72								
23 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,62	\$5.52	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	i.n 19 + Ln 24	\$175.59	\$96.34	\$0.00	\$15.96	\$ 16.52	\$0.00	\$35.42	\$3.40	\$7.49	\$0.46
26 Qı	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$118.87			<u> </u>			<u> </u>	11	I	

Quarterly Case Mix Per Diem Calculation

FINAL

1 .	Provider: Orchard View Rehab & Skilled NC Prvdr ID: 00142117A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nu		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 43.3% 4.39	Add-on Percent 13,37% 2,5% 2,0%			iod Overall CMI: y Medicaid CMI:		Facility Specific 1,2690 1,2377 1,2563	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	•		а	b	C	d	e	f	g		<u>h</u>	i
GI	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed © 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterty Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL ins. Rpt FY2018 GL-PL ins. Rpt FY 2012 Peer Group Limi	\$164.90 \$16.97 \$184.36	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.2563 \$96.75	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$38.01 \$38.01 \$38.01 (FRV Rate)	
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$204.09 \$2.42 \$1.94 \$0.00 \$4.35	\$96.75 \$2.42 \$1.94		\$19.83	\$24.87		\$22.14 0.00		\$38.01	\$0.00
	Quarterly Case Mix Based Per Diem Rate		\$208.45	\$101.10		\$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%	\$156.34					L					

Provider: Prvdr ID:	Oxley Park Health & 00143316A	& Rehab Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19		n Data and Percentages Growth Allowance: Qtrly BIMS score Site Day/Quality Incentive:	Facility Score N/A 12.4% 3.47	Add-on Percent 13,37% 0.0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	1,4411	State- wide 1.3617 1.4446 1.4694
Line #	Description			rces / T	Totals Routine Services	Special Services c	Dietary d	Laundry & Plant Admin Operatrs and & Maint General	A&G-GL-PL Property and Insurance Related	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatns & Maint	and	A&G- GL-PL Insurance	and Related	and Insurance
			а	ь	С	d	е	agaitha f liaidh a	g	terio granii	h i	- mourement
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,249,016	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$853,990	\$99,288	\$761,081	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,529)	\$0	\$0	\$0	\$0	\$0	(\$23,529)		(\$38,077)	\$38,077
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,225,487	\$3,266,179	\$0	\$600,921	\$330,445	\$337,112	\$830,461	\$99,288	\$723,004	\$38,077
8	Total Nursing Facility Days As Filed Days = 42,231	FY12 Audited C/R Days	42,231									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,348	FY 18 GL-PL ins Rpt Days								36,348		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Coi a	\$147.79	\$77.34	\$0.00	\$14.23	\$15.81	(with L&H)	\$19.66	\$2.73	\$17.12	\$0.90
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.3255</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.28	\$58,35	\$0.00	\$14.23	\$15,81		\$19.66	\$2,73	16.60	\$0.90
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	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 Diern (After Growth Allowance Add-on)	Ln 14 + l.n 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		1.4665								,
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97,01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.58	\$97.01	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.91	\$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	\$21.54	\$3.44	\$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	\$195.12	\$100.45	\$0.00	\$16.35	\$18.33	\$0.00	\$39.76	\$2.73	\$16.60	\$0.90
						L1				t		

\$133.52

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: Palemon Gaskins Nursing Home rvdr ID: 00142326A	10/1/2019		owth Allowance; trly BIMS score	Facility Score N/A 30.8% 4.35	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.2317 1.3035 1.3281	State- wide 1.3617 1.4446 1.4694
Line #	Description .	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
3			а	fighten betyden	Ċ.	d	е	illian filmin	g	g	h h	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS						THE PARTY OF THE P					
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	A-A-C-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-	50.0% 105.0% \$0.37			
	Barried Barried Barried	,		54.55			-		00.07			
5	Base Period Per Diem Altowed Amounts As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,944,881	\$892,655		E204 000	*****	0400 550	********	****		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$11,393)	\$692,655 (\$787)	\$0 \$0	\$391,990	\$129,464 \$145	\$196,552	\$216,971	\$39,793	\$77,456	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,933,488	(\$767) \$891,868	\$0 \$0	\$391,990	\$145	(\$7,449) \$189,103	(\$3,302) \$213,669	\$39,793	(\$1,189) \$76,267	\$1,189 \$1.189
8	Total Nursing Facility Days As Filed Days = 10,670	FY12 Audited C/R Days	10.670	0001,000		4031,330	Ψ123,003	\$103,105	\$213,003	935,153	\$10,201	\$1,103
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 10,104	FY 18 GL-P£ Ins Rpt Days	10,0.0							10,104		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		1.2317	,		,	,	425.00	70.01	4 7.15	40.11
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$156.04	\$67.87	\$0.00	\$29.15	\$23.09		\$20,03	\$3.94	11.85	\$0.11
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$18.74	\$9.07	\$0.00	\$3.90	\$3.09	\$0.00	\$2.68	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 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		1.3281								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.18		Ì						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.02	\$102.18	\$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 - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.90	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,55	\$2.55		1	25,00	75.00	75.07		45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$23.62	\$6.15	\$0.00	\$0.00	\$0.00	\$0.00	\$17.47	\$0.00	\$9.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$223.64	\$108.33	\$0.00	\$33.05	\$26.18	\$0.00	\$40.18	\$3.94	\$11.85	\$0.11
						I		L	L			

\$154.91

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: Park Place Nursing Facility Prvdr ID: 00002164A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 43.9% 3.52	Add-on Percent 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2699 1.4316 1.4583	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a de la compa	(\$10-2) b ************************************	С	d :	e	Compate many	:::::g::::::::::::	g	50 h 20	i
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$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 Adjstmts	(\$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 Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$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		<u>1.2699</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$58.07								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$58.07	\$0.00	\$15.10	\$15.29		\$10.48	\$5,92	\$3.12	\$1.36
Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$120.25	\$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 Aliwnc %	\$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) 17 Quarterly Facility Case Mix Index for Medicaid Residents	i.n 14 + Ln 15 per Current Qir End	\$133.47	\$65,83	\$0.00	\$17.12	\$17.33	\$0,00	\$11.88	\$5.92	\$14.03	\$1,36
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4583								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.64	\$96.00 \$96.00	\$0.00	\$17.12	\$17.33	\$0.00	\$11,88	\$5.92	\$14.03	\$1,36
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.40	\$2.40							,3,00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$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	\$186,59	\$100.85	\$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	\$127.12					•		1		

ı							Facility	Add-on				Facility	State-	
l	Provider:	Parkside Ellijay			Add-on Data and	Percentages	Score	Percent	Cas	e Mix Index (0	CMI) Data	Specific	wide	
l	Prvdr ID:	00141127A			Gro	owth Allowance:	N/A	13.37%		Base Perio	d Overall CMI:	1.3029	1.3617	
l			Case Mix Per Diem Rate Effective Date:	10/1/2019	Q	trly BIMS score	27.3%	1.0%		Quarterly	Medicaid CMI:	1.6250	1.4446	
l			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Q	uality Incentive:	3.78	3.0%	Ortrly Mcaid	CMI w RUG	Wght Options:	1.6522	1.4694	
l														
ſ										Dlont	A dmin	Droporty.	Toyoo	

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng e	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	D	C	a	е		g	g	n	
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	1	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Hosp Based	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,151,903	\$2,649,172	\$0	\$833,481	\$325,598	\$571,475	\$1,067,657	\$62,369	\$642,151	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	\$6,089,826	\$2,519,506	\$0	\$837,206	\$323,888	\$583,558	\$1,126,406	\$62,369	\$584,796	\$52,097
8	Total Nursing Facility Days As Filed Days = 35,922	FY12 Audited C/R Days	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 Srvcs	Ln 7 / Ln 8 Col a	\$169.92	\$70.14	\$0.00	\$23.31	\$25.26	(with L&H)	\$31.36	\$2.12	\$16.28	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3029								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.83								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.83	\$0.00	\$23.31	\$25.26		\$31.36	\$2.12	\$16.28	\$1.45
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.96	\$53.83	\$0.00	\$23.31	\$23.09		\$20.56	\$2.12	9.60	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	\$150.12	\$61.03	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$2.12	\$9.60	\$1.45
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ψ130.12	1.6522	Ψ0.00	Ψ20.43	Ψ20.10	Ψ0.00	Ψ20.01	Ψ2.12	ψθ.00	Ψ1.+3
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$189.92	\$100.83	\$0.00	\$26.43	\$26.18	\$0.00	\$23.31	\$2.12	\$9.60	\$1.45
"	quarterly incursard office financial of biotif		ψ100.02	ψ100.00	ψ0.00	Ψ20.40	Ψ23.10	ψ0.00	Ψ20.01	Ψ2.12	Ψ0.00	Ψ110
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.02	\$3.02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.88	\$4.56	\$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	\$211.80	\$105.39	\$0.00	\$26.65	\$26.18	\$0.00	\$40.41	\$2.12	\$9.60	\$1.45
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$146.03				<u> </u>	<u> </u>				

Provider: Prvdr ID:		10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtriy BIMS score	Facility Score N/A 35,4%	Add-on Percent 13.37% 2.5%	Case Mix Index (CMI) Data Base Period Overafi CMI; Quarterly Medicaid CMI;	Facility <u>Specific</u> 1.4543 1.2596	State- wide 1.3617 1.4446
 Line	Description	Sc	Nurse Hours per On-Site Day/Quality Incentive: urces / Totals Routine Services	3.23 Special Services	3.0% Dietary	Laundry & Plant Admin A	1.2807 A&G- GL-PL Property and Palated Palated	1.4694 Taxes

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	3.44 d	e	2021 (2007 4 25, 0005)	g	g	Stripping h eaderpid)	::::::::::::::::::::::::::::::::::::::
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,171,260	\$2,682,660	\$0	\$1,010,340	\$566,067	\$652,616	\$989,937	\$19,888	\$249,752	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,396)	\$0	\$0	\$0	(\$2,745)	(\$3,165)	(\$16,351)		(\$16,324)	\$15,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,147,864	\$2,682,660	\$0	\$1,010,340	\$563,322	\$649,451	\$973,586	\$19,888	\$233,428	\$15,189
8	Total Nursing Facility Days As Filed Days = 38,915	FY12 Audited C/R Days	38,915									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,881	FY 18 GL-PL Ins Rpt Days								37,881		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$158,00	\$68.94	\$0.00	\$25,96	\$31.16	(with L&H)	\$25,02	\$0,53	\$6.00	\$0,39
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.4543</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47.41	\$0.00	\$25.96	\$31.16		\$25.02	\$0.53	\$6.00	\$0.39
13	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits Lesser of Ln 12 or Ln 13	2400.00	\$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										(I-174)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	ļ	1.2807								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$68,84		İ						
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$160.10	\$68,84	\$0.00	\$29.43	\$26,18	\$0.00	\$23.31	\$0.53	\$11.42	\$0.39
	Quarterly Per Diem Add-on Amounts						April 1944					
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.72	\$1.72								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Saves)	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	\$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	\$181.74	\$73.16	\$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	\$123.48							•	****	

	rovider: Pine Knoll Nursing and Rehab Center	Ad	id-on Data and P	ercentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (0	CMI) Data	<u>-</u>	Facility Specific 1.4918	State- <u>wide</u> 1.4014
	Case Mix Per Diem Rate Effective Date:	10/1/2019		ly BIMS score		2.5%			Medicaid CMI	•	1.6216	1.4446
	. MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours per	On-Site Day/Qua	ality Incentive:	3,38	3.0%	Ortrly Mcaid	CMI w RUĞ 1	Wght Options	:	1.6519	1.4694
Line #	Description	Sources <i>l</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	ď	e	f	g		h	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
'	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)	-	90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	30.22	30.47		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,033,430	\$1,643,752	\$0	\$263,493	\$137,206	\$122,047	\$529,205	1 1	\$326,740	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmls	\$11,806	(\$1,979)	1	\$0	(\$703)	\$71	\$16,036	1 1	(\$12,308)	\$10,68
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,045,236	\$1,641,773	\$0	\$263,493	\$136,503	\$122,118	\$545,241	\$10,987	\$314,432	\$10,68
8.	Total Nursing Facility Days As Filed Days = 18,890	FY14 Audited C/R Days	18,890									
	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 Dierns prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$160.91	\$86.91	\$0.00	\$13.95	\$13.69	(with L&H)	\$28.86	\$0,28	\$16.65	\$0.5
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.4918								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.26		040.05	240.00		****		#4C CE	
12	Net Per Diems after Case Mix Adjstrnt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.95	\$13.69		\$28,86		\$16.65	\$0.5
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	0,,,0,50	\$73.31	\$0.00	\$19,52	\$23.55		\$24.02	1 1	N/A 7.82	***
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.59	\$58.26	\$0.00	\$13.95	\$13.69		\$24.02	\$0.28	7.82 (FRV)	\$0.5
	Quarterly Per Diem Rate Prior to Add-ons										******	
15	Growth Allowance Percentage = 13,4%	En 14 x Grwth Allwise %	\$14.70	\$7.79	\$0.00	\$1.87	\$1.83	\$0.00	\$3.21	N/A	N/A	N//
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	i,n 14 ÷ Ls 15	\$133.29	\$66.05	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.5
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.6519								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.11						ŀ		
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$176.35	\$109.11	\$0.00	\$15.82	\$15.52	\$0.00	\$27.23	\$0.28	\$7.82	\$0.5
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00)	\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.73	\$2.73			•					
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.27	\$3.27								
23	· Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10)		-
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.26	\$6,53	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Lπ 19 + Łn 24	\$200.61	\$115.64	\$0.00	\$16.04	\$15.93	\$0.00	\$44.33	\$0.28	\$7.82	\$0.5
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$137.63						• • • • • •	***************************************		***************************************
			1									

1	ovider: Pinehill Nursing Center		Add-on Data and	Percentages	Facility Score	Add-on Percent 13.37%	Cas	e Mix Index ((CMI) Data d Overall CMI:		Facility Specific 1.0657	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe		trly BIMS score		2.5% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options;		1.4173 1.4414	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
. ;			55 kee a 150 65	digadiya b Halifada	С	polykid i kyri.	е —	illerin familie	::::::g::::::::::	g	i	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,432,258	\$1,228,619	\$0	\$257,152	\$119,501	\$215,874	\$313,657	\$39,808	\$257,647	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$265,533)	(\$4,760)	\$0	(\$3,865)	(\$203)	(\$1,902)	(\$31,014)		(\$241,103)	\$17,314
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,166,725	\$1,223,859	\$0	\$253,287	\$119,298	\$213,972	\$282,643	\$39,808	\$16,544	\$17,314
8	Total Nursing Facility Days As Filed Days = 17,835	FY12 Audited C/R Days	17,835									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 28,209	FY 18 GL-PL Ins Rpt Days								28,209		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$120.67	\$68.62	\$0.00	\$14,20	\$18.69	(with L&H)	\$15,85	\$1.41	\$0.93	\$0.97
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.0657</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.39					ļ			
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.39	\$0,00	\$14.20	\$18.69		\$15,85	\$1.41	\$0.93	\$0.97
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
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 + 1,n 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		1.4414								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.68	\$105.22	\$0.00	\$16.10	\$21.19	\$0,00	\$17.97	\$1.41	\$8.82	\$0.97
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$2.63	\$2.63	75.50			-0.00			\$5.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.42	\$6.32	\$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	\$196.10	\$111.54	\$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	\$134.25							1.		

Provider: Prvdr ID:	Pinewood Nursing 00142205A	Ctr Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hot		rth Allowance: ly BIMS score	Facility Score N/A 29.2% 2.57	Add-on Percent 13.37% 1.0% 3.0%			i Overali CMI: Medicaid CMI:		Facility Specific 1.1182 1.1707 1.1875	State- wide 1.3699 1.4446 1.4694
ine #	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	ь	С	đ	e	f	g	g	ħ	i
CASE M	IIX BASED RATE CALC	ULATIONS											
	Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer3 Peer	Group Standards & Efficiency Group Standards: Percentile Group Standards: Multiplier Gency Measure Maximums (see		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base F	Period Per Diem Allowed Amo	ounts											
5 As Fi	iled Cost Center Costs (Routine	e & Special Srvcs Combined)	As Filed FY13 C/R	\$3,330,501	\$1,392,804	\$0	\$386,517	\$203,433	\$226,921	\$619,301	\$7,203	\$494,322	\$0
	t Adjustments and Reallocations		FY13 C/R Audit Adjstm	(444)444)	\$0	\$0	\$0	\$0	\$384	(\$66,450)		(\$30,963)	\$30,963
	Center Costs After Audit Adjus		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
	tal Nursing Facility Days	As Filed Days = 22,071	FY13 Audited C/R Day FY 18 GL-PL Ins Rpt Da	-							00.445		
	otal Nursing Facility Days GL-PL	·	Ln 7 / Ln 8 Col a	ys \$147.86	\$63.11	\$0.00	\$17.51	\$19.52	(with L&H)	\$25.05	26,145 \$0.28	\$20.99	\$1,40
	Per Diems prior to Case Mix Adj ase Period Facility Case Mix Ind	-	from 4 qtrs of FY10	\$147.00	1.1182	\$0.00	\$17.51	\$19.02	(Willi Lorry	\$25.05	\$0.20	\$20.99	\$1.40
	outine Srvcs Case Mix Adjstd (C		Ln 9 / Ln 10		\$56,44								
	Per Diems after Case Mix Adjst	=	RS = Ln 11, AllOthr = Lr	19	\$56,44	\$0.00	\$17,51	\$19,52		\$25,05	\$0.28	\$20.99	\$1,40
	Diem Standards (After Statewide		per Peer Group Limits		\$73.90	\$0.00	\$19,14	\$23.27		\$23.46	\$0.00	N/A	*****
	Period Case Mix Adjusted Allo		Lesser of Ln 12 or Ln 1	3 \$125.96	\$56.44	\$0.00	\$17.51	\$19.52		\$23.46	\$0.28	7.35	\$1.40
												(FRV)	
	erly Per Diem Rate Prior to Ac vth Allowance Percentage =	13.4%	Ln 14 x Grwth Allwnc %	6 \$15.64	\$7,55	\$0.00	\$2.34	\$2.61	\$0.00	\$3.14	N/A	N/A	N/A
5	Allowed Per Diem (After Growth		ស 14 + Ln 15	\$141.60	\$63,99	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
	uarterly Facility Case Mix Index		per Current Qtr End	• • • • • • • • • • • • • • • • • • • •	1.1875	•	•		•	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	,
18 Qr	trly Routine Srvcs Case Mix Ad	fjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75.99								
19 Quar	terly Medicaid CMA Allowed Pe	er Diem	RS = La 18, AllOlhr = Ln	16 \$153.60	\$75.99	\$0.00	\$19.85	\$22.13	\$0.00	\$26.60	\$0.28	\$7.35	\$1.40
Quarte	erly Per Diem Add-on Amoun	ts											
	iency Add-on Per Diem ([Stnd -		(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21 BIMS	S Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-	оп \$0.76	\$0.76								
22 Nurse	e Staff Hrs / Quality Add-on Pe	r Diem = 3.0% (to Rouline Srvcs)	Ln 19 Col b x Sting Add-	on \$2.28	\$2.28								
23 Nursi	ing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24 Total	l Quarterly Per Diem Add-on An	nounts	Sum of Lns 20 thru 23	\$21.30	\$3.57	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Quarte	erly Case Mix Based Per Dien	n Rate	Ln 19 + Łn 24	\$174.90	\$79.56	\$0.00	\$20.07	\$22.54	\$0.00	\$43.70	\$0.28	\$7.35	\$1.40
26 Quarte	erly Per Diem Rate for Bed Ho	old and Leave Days	(Ln 25 - Ln 23) * 0.75	\$118.35									
	•					•							

	ovider: Pinewood Manor Nursing Home vdr ID: 00142513A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance: trly BIMS score	82,6%	Add-on Percent 13.37% 5.5% 3.0%			Overall CMI: Medicaid CMI:	:	Facility <u>Specific</u> 1.3181 1.1939 1.2075	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	1		a	ь	C	d	е	f	g	9 1	h	i
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$3,583,932 (\$134,777)	\$1,748,716 (\$37,321)	\$0 \$0	\$519,903 \$9,404	\$269,657 \$5,902	\$173,308 (\$2,359)	\$517,509 (\$107,744)	\$39,528	\$315,311 (\$25,933)	\$0 \$23,274
6 7	Audit Adjustments and Reallocations to Cost Center Costs 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	'I :	\$289,378	\$23,274
8	Total Nursing Facility Days As Filed Days = 35,486 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,000	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,486							34,000		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$97.25	\$48.23 <u>1.3181</u>	\$0.00	\$14.92	\$12.58	(with L&H)	\$11.55	\$1.16	\$8.15	\$0,66
11 12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AliO(hr = Ln 9		\$36,59 \$36.59	\$0.00	\$14.92	\$12.58		\$11.55	\$1.16	\$8.15	\$0,66
13 14	Per Diem Standards (After Statewide CMA for Routine Stross) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$85.37	\$71.51 \$36.59	\$0.00	\$29.15 \$14.92	\$23.09 \$12.58		\$20.56 \$11.55	1 1	N/A 7.91 <i>(FRV)</i>	\$0,66
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	En 14 x Grwlh Allwnc % En 14 + En 15	\$10.10 \$95.47	\$4,89 \$41.48	\$0.00	1	\$1.68 \$14.26	\$0.00	\$1.54 \$13.09		N/A \$7.91	N/A \$0,66
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qtr End	\$55.41	1.2075 \$50.09		\$10,51	\$14.25	0.00	Q 10.55		V	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$104.08	\$50.09	\$0.00	\$16,91	\$14.26	\$0.00	\$13.09	\$1.16	\$7.91	\$0,66
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53		\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21 22	BIMS Add-on Per Diem = 5.5% (Io Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	En 19 Col b x CPS Add-on En 19 Col b x Sting Add-on	\$2.75 \$1.50	\$2.75 \$1.50	1							
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10			60.00	60.11	\$0.00	\$17.10	1	\$0.00	\$0.00
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23 Ln 19 + Ln 24	\$22.88 \$126.96	\$4,78 \$54.87	·		\$0.41 \$14.67	\$0.00	\$17.47 \$30.56		\$0.00	\$0,66
25	Quarterly Case Mix Based Per Diem Rate			24,01	\$3.00	J11.13	7,4,07		455,50	71.10	41.01	1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$82.40									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	ovider: Pleasant View Nursing Center rdr ID: 00142546A	A	<u>dd-on Data and</u> Gro	Percentages with Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (C Base Period	:MI) Data I Overall CMI:		Facility Specific 1,1323	State- <u>wide</u> 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe	Q r On-Site Day/Q	trly BIMS score uality Incentive:	30,3% 2.52	2.5% 3.0%	Ortrly Moaid	Quarterly N CMI w RUG V	Medicaid CMI: Nght Options:		1.2782 1.2992	1.444 6 1.4694
Line ,	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	С	đ	е	f	g	g	h	ì
C/	ASE MIX BASED RATE CALCULATIONS								- Company			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts					1000						
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,026,915	\$1,895,940	\$0	\$451,612	\$286,012	\$247,493	\$711,719	\$25,092	\$409,047	S
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$52,279)	\$0	\$0	\$0	\$0	\$0	(\$86,136)	1 :	\$5,825	\$28,03
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	\$28,0
8	Total Nursing Facility Days As Filed Days = 42,132	FY12 Audited C/R Days	42,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,362	FY 18 GL-PL Ins Rpt Days								39,362	***	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$94.39	\$45.00	\$0.00	\$10.72	\$12,66	(with L&H)	\$14.85	\$0.64	\$9.85	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1323								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 9/in 10		\$39.74		040.70	640.50		\$14.85	\$0.64	\$9.85	\$0.6
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39.74	\$0.00	\$10,72	\$12.66 \$23.09		\$14,65	1	\$9.00 N/A	\$0,1
.13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	\$86.91	\$71.51 \$39.74	\$0.00	\$18.41 \$10.72	\$23.09 \$12.66		\$14.85	1	7,63	\$0.0
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$86.91	\$39.74	\$0.00	\$10.72	\$12.00		\$14.63	\$0.04	(FRV)	30,0
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwine %	\$10,42	\$5.31	\$0.00	\$1.43	\$1,69	\$0.00	\$1.99	N/A	N/A	N/
15	Growth Allowance Percentage = 13.37%	En 14 + En 15	\$10.42	\$45.05	\$0.00	\$12.15	\$1.09	\$0.00	\$16.84	1	\$7.63	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qir End	\$57.33	1.2992	\$0.00	\$12.10	\$14.00	\$0,00	\$10.04	0.04	\$7.00	V 5
17 18	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$58.53								İ
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$110.81	\$58,53	\$0.00	\$12.15	\$14.35	\$0.00	\$16.84	\$0.64	\$7.63	\$0.6
	·											
	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$9.00	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.46	\$1.46		10,22	40,41				35.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$0.6
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$132.66	\$62.28	\$0.00	\$12.37	\$14.76	\$0.00	\$34.31	\$0,64	\$7.63	\$0.0
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$86.67		1			.1	1		I	
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00	1								

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	wider: Porter Field H & R Ctr, LLC dr ID: 00222582A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score	51.7%	Add-on Percent 13.37% 5.5% 2.0%	-	Quarterly I	i Overall CMI: Medicaid CMI:		Facility Specific 1,3070 1,4463	State- wide 1.3617 1.4446
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Nght Options: Admin and General	A&G- GL-PL Insurance	1.4712 Property and Related	1.4694 Taxes and Insurance
			a	1988 b 1878	entra contra	d	•	Wind f in the	g	g	ritenvišir h ili ir ir ir i	rigare i
CA	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,491,932	\$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 8	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
°	Total Nursing Facility Days As Filed Days = 27,650 Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 27,351	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,650							67.654		
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,351 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$123.74	\$61.68	\$0.00	\$11.76	\$17.76	(with L&H)	\$16.09	27,351	040.04	04.00
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$123.74	1.3070	\$0,00	311.70	\$17.70	(ANULTOLI)	\$10,09	\$2.13	\$12.94	\$1.38
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$47.19								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOlhr = £n 9		\$47,19	\$0,00	\$11.76	\$17.76		\$16,09	\$2.13	\$12.94	\$1.38
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	¥1.00
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
1 1	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	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 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents	La 14 + La 15 per Current Qtr End	\$116,92	\$53,50	\$0.00	\$13.33	\$20.13	\$0.00	\$18.24	\$2.13	\$8.21	\$1.38
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lo 16 x Lo 17		<u>1.4712</u> \$78.71								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$142,13	\$78.71	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.33	\$4.33								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$1.57	\$1.57								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.53	\$6.43	\$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	\$166.66	\$85.14	\$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 - l.n 23) * 0.75	\$112.17									

Provider: Prvdr ID:	Powder Springs No 00530824A	urs. & Rehab. Ctr. Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 21.6% 3.10	Add-on Percent 13,37% 1.0% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	Facility <u>Specific</u> 1.3795 1.4234 1.4451	State- wide 1.3617 1.4446 1.4694
Line #	Description		107.00	urces / Totals Routine Services	Special Services	Dietary	Uperatns I and I	A&G- GL-PL Property Insurance Related	Taxes and Insurance

CASE MIX BASED RATE CALCULATIONS	Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Operatos & Maint	and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
Cost Center Peer Groups (one Policy Manual) 1 1 2 1 1 1 2 1 1 1	111111			а	b	С	d	ė	200 - 100 -	231-11-11-11-11	g	1117111	i
Type of Facility which Peer Group Dest See Range within Peer Group All Facilities All Facilities All Facilities All Facilities All Bed Stees A	2	ASE MIX BASED RATE CALCULATIONS											
Ded Sile Reagon within Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits See Policy Manual) (see	1	•	(see Policy Manual)		•	1	-	1	1	1			
Peer Group Standards & Efficiency Measure Limits See Folicy Manual) Gee Folicy Manual Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual) Gee Folicy Manual)		· · · · · · · · · · · · · · · · · · ·											
2 Peer Group Standards: Fercemble (see Palicy Manaua) (see		·			All bea Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
Peer Group Standards: Multiplier See Period Per Diam Allowed Amounts A Filed Frid Query Frid Cape Mix Agisted Cost Center Costs (floutine & Special Sives Combined) A Filed Frid Query Frid Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Cape Mix Agisted Allowed Per Diam Lesser of Ln 12 or Ln 13 S12.86 S5.25	2		(ree Policy Manual)		00.0%	90.0%	00.09/	PE 09/		50.08/			
Base Period Per Diem Allowed Amounts 5 A a Filed Cost Center Costs (Revine & Special Sives Combined) 6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 FY12 CIR Audit Adjustments 9 FY12 Audited CR Cropys 9 FY12 CIR Audit Adjustments 9 FY12 Audited CR Cropys 9 FY12 CIR Audit Adjustments 9 FY12 Audited CR Cropys 9 FY12 CIR Audit Adjustments 9 FY12 Audited CR Cropys 9 FY12 CIR Audit Adjustments 9 FY12 Audited CR Cropys 9 FY12 CIR Audit Adjustments 9 FY12 Audited CR Cropys 9 FY12 CIR Audit CR Cropys 9 FY12 CIR Audit CR Cropys 9 FY12 CiR Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit CR Cropys 9 FY12 Cir Audit	1	Peer Group Standards: Multiplier	, , ,					,					
S As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed Pf/12 Cir. Pf. 2018 GL-PL. Rt \$12,383,234 \$5,781,239 \$0 \$1,070,131 \$666,123 \$476,534 \$2,238,668 \$223,866 \$257,364 \$1,880,6 \$1,000 \$1,0	4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0,00	\$0.22			1			
6 Audit Adjustments and Reallocations to Cost Center Costs 7 Cost Center Costs After Audit Adjustments 7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 10 As Filed Days = 70,979 10 Total Nursing Facility Days 11 Routine Sinces 12 Net Per Diems prior to Case Mix Adjust of Realines Sinces 12 Net Per Diems prior to Case Mix Adjust of Net Per Diem 13 Per Diems prior to Case Mix Adjust of Net Per Diem 14 Base Period Case Mix Adjust of Allowance Per Diem 15 Cuarterly Per Diem Rate Prior to Add-ons 16 CMA Allowance Per Contage = 13.37% 16 CMA Allowance Per Contage = 13.37% 17 Cuarterly Facility Case Mix Adjust of Medicaid Residents 18 Currier Pacific Growth Allowance Add-on) 19 Cuarterly Per Diem Rate Growth Allowance Add-on) 10 Cuarterly Per Diem Rate Prior to Add-ons 10 Cuarterly Per Diem Rate Prior to Add-ons 11 Cuarterly Per Diem Rate Prior to Add-ons 12 Cuarterly Per Diem Rate Prior to Add-ons 13 Per Diem Since Case Mix Adjust of Mix Per Diem 14 Seventh Allowance Per Contage = 13.37% 15 Crowth Allowance Per Contage = 13.37% 16 CMA Allowance Per Contage = 13.37% 17 Cuarterly Facility Case Mix Indiged CMA Not Per Diem 18 Currier Pacific Gase Mix Adjust of CMA Not Per Diem 19 Cuarterly Per Diem (Mix Growth Allowance Add-on) 19 Cuarterly Per Diem (Mix Growth Allowance Add-on) 19 Cuarterly Per Diem (Mix Growth Allowance Add-on) 20 Efficiency Add-on Per Diem (Mix Growth Allowance Add-on) 21 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 22 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 23 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 24 Total Quality Add-on Per Diem (Mix Growth Allowance Add-on) 25 Efficiency Add-on Per Diem (Mix Growth Allowance Add-on) 26 Efficiency Add-on Per Diem (Mix Growth Allowance Add-on) 27 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 28 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 39 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 30 Elifectory Add-on Per Diem (Mix Growth Allowance Add-on) 31 Elifectory A		Base Period Per Diem Allowed Amounts											
7 Cost Center Costs After Audit Adjustments FY12 Audited CIR Total Nursing Facility Days As Filed Days = 70,979 Total Nursing Facility Days CL-PL Ins. Rpt As Filed Days = 66,423 FY15 Audited CIR Days FY12 Audited CIR Days FY15 Audited CIR Day	5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,383,234	\$5,781,239	\$0	\$1,070,131	\$666,123	\$478,534	\$2,238,868	\$267,364	\$1,880,975	\$0
Total Nursing Facility Days	-	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$1,296,184)	(\$506,533)	\$0	(\$59,975)	\$371	\$45,785	(\$885,856)		(\$15,238)	\$125,262
Total Nursing Facility Days GL-PL Ins. Rpt		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
Solid Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	8	Total Nursing Facility Days As Filed Days = 70,979	FY12 Audited C/R Days	70,979									
Base Period Facility Case Mix Index for All Residents From 4 qtrs of FY12 1.3785 1.9 pt. 10 1.9 pt.		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 66,423	FY 18 GL-PL Ins Rpt Days								66,423		
Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem	9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.46	\$74,31	\$0.00	\$14.23	\$16.78	(with L&H)	\$19.06	\$4.03	\$26.29	\$1.76
Net Per Diems after Case Mix Adjistmt to Routine Sirves RS = Ln 11, AllOthr = Ln 9 S53.87 S0.00 S14.23 S16.78 S19.06 S4.03 S26.	10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3795</u>								
Per Diem Standards (After Statewide CMA for Routine Srvcs)	11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$53.87								
Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 S121.86 S53.87 \$0.00 \$14.23 \$16.78 \$19.06 \$4.03 12.	12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	\$26,29	\$1.76
Comparing the property Comparing to Add-ons Comparing to Add-ons Comparing the property	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
Quarterly Per Diem Rate Prior to Add-ons Common	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.86	\$53.87	\$0.00	\$14.23	\$16.78		\$19.06	\$4.03	12,13	\$1.76
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 S135.75 S61.07 S0.00 S16.13 S19.02 S0.00 S21.61 S4.03 S12.00		Quarterly Per Diem Rate Prior to Add-ons					-					(FRV)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Ctr End 1.4451 S88.25	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
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	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
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$162.93 \$88.25 \$0.00 \$16,13 \$19.02 \$0.00 \$21.61 \$4,03 \$12. Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0)	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4451	!							
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 \$0.37 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.88 \$0.88 22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) 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 \$21.28 \$3.18 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.25								
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	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.93	\$88.25	\$0.00	\$16,13	\$19.02	\$0.00	\$21.61	\$4,03	\$12.13	\$1.76
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$0.88 \$0		Quarterly Per Diem Add-on Amounts											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives) Ln 19 Cot b x Stfing Add-on \$1.77 \$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 \$21.28 \$3.18 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	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	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10 \$24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.28 \$3.18 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00 \$0.00 \$17.47 \$0.00	21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.88	\$0.88								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$21.28 \$3.18 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.	22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	Ln 19 Col b x Stfng Add-on	\$1.77	\$1,77								
	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
25 Quartedu Casa Mir Based Das Diam Pate	24	Total Quarterly Per Diem Add-on Amounts	Sum of 1.ns 20 thru 23	\$21.28	\$3,18	\$0.00	\$0.22	\$0.41	\$0,00	\$17,47	\$0.00	\$0.00	\$0.00
20 Guarterly Case mix based ref Dient Rate 1.11 19 + LTI 24 5184.21 591.43 50.00 516.35 \$19.43 50.00 \$39.08 \$4.03 \$12.	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.21	\$91.43	\$0.00	\$16.35	\$19.43	\$0.00	\$39.08	\$4.03	\$12.13	\$1.76

\$125,33

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

			k Per Diem Rate Effective Date; e Hrs Data per Quarter Ending;	10/1/2019		owth Allowance: htrly BIMS score	38.2%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.1528 1.4040 1.4269	State- wide 1.3617 1.4446 1.4694
Line #	2	Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
<u>c</u>	CASE MIX	(BASED RATE CALCULATIONS			а	b	C	d (1886)	e	Secondaria	g	g.	siyaaaligi h amigirii m	ry gatag L gurgis
1	7у	nter Peer Groups oe of Facility within Peer Group d Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Gi Peer Gi	up Standards & Efficiency Measure Lim oup Standards: Percentile oup Standards: Multiplier cy Measure Maximums (see line 20 for actua		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Per	iod Per Diem Allowed Amounts												
5	As Filed	Cost Center Costs (Routine & Special Srvc	s 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 A	djustments and Realfocations to Cost Cent	er Costs	FY12 C/R Audit Adjstmts	(\$299,079)	(\$81,239)	\$0	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
7	Cost Ce	enter 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	As Filed Days = 20,520	FY12 Audited C/R Days	20,520						1			

	2 Peer Group Standards; Percentile 3 Peer Group Standards: Multiplier		(see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0%		50.0%			
	4 Efficiency Measure Maximums (see line 2	O for actual)	(see Policy Manual) (see Policy Manual)		\$0.53	\$0.00	\$0.22	100.0% \$0.41		105,0% \$0,37			
	Base Period Per Diem Allowed Amounts												
	5 As Filed Cost Center Costs (Routine & Sp		As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,922,620	\$1.446.998	\$0	\$344,458	6474 676	6400.054	#F0# ##0	257 400	* 0.40.470	
1	(•	•				1 1	\$171,679	\$139,354	\$522,229	\$57,432	\$240,470	\$0
			FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$299,079)	(\$81,239)	\$D	(\$409)	(\$2,217)	(\$2,426)	(\$213,806)		(\$9,773)	\$10,791
	7 Cost Center Costs After Audit Adjustmen 8 Total Nursing Facility Days			\$2,623,541	\$1,365,759	\$0	\$344,049	\$169,462	\$136,928	\$308,423	\$57,432	\$230,697	\$10,791
		As Filed Days = 20,520	FY12 Audited C/R Days	20,520									
	Total Nursing Facility Days GtPt. Ins.	· -	FY 18 GL-PL Ins Rpt Days								35,818		
1	9 Net Per Diems prior to Case Mix Adjstmt		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
- 1	10 Base Period Facility Case Mix Index for		from 4 qtrs of FY12		<u>1.1528</u>								
- 1	11 Routine Srvcs Case Mix Adjstd (CMA)		ኒი 9 / ኒ ი 10		\$57.74		Ì						
- 1	12 Net Per Diems after Case Mix Adjstmt to	Routine Srvcs	RS = £n 11, AllOlhr = £n 9		\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	\$11,24	\$0.53
'	13 Per Diem Standards (After Statewide CMA f	or Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1	14 Base Period Case Mix Adjusted Allowed	Per Diem	Lesser of Ln 12 or Ln 13	\$114.45	\$57.74	\$0.00	\$16.77	\$14.93		\$15.03	\$1.60	7,85	\$0.53
	Overstandy Box Diam Data Brianta Add and	_										(FRV)	
	Quarterly Per Diem Rate Prior to Add-on Growth Allowance Percentage =	s 13.37%	Ln 14 x Grwth Alfwnc %	040.07		20.00	22.0.						
-		**************************************		\$13.97	\$7.72	\$0.00	\$2.24	\$2.00	\$0.00	\$2.01	N/A	N/A	N/A
- 1	 16 CMA Allowed Per Diem (After Growth Allow 17 Quarterly Facility Case Mix Index for N 	•	Ln 14 + Ln 15	\$128,42	\$65,46	\$0.00	\$19.01	\$16.93	\$0.00	\$17.04	\$1.60	\$7.85	\$0,53
- 1	, , , , , , , , , , , , , , , , , , , ,		per Current Qtr End		<u>1.4269</u>								
- 1	18 Ortrly Routine Srvcs Case Mix Adjstd (Ln 16 x Ln 17		\$93,40								
1.	19 Quarterly Medicaid CMA Allowed Per Die	m	RS = Ln 18, AliOthr = Ln 16	\$156,36	\$93,40	\$0.00	\$19.01	\$16,93	\$0,00	\$17.04	\$1.60	\$7.85	\$0,53
	Quarterly Per Diem Add-on Amounts												
12	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	
1	21 BIMS Add-on Per Diem =	2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.34	\$2.34	40.00	40.22	\$5,41	Ψ5,00	40.01		\$0.00	
1	22 Nurse Staff Hrs / Quality Add-on Per Dier		Ln 19 Col b x Sting Add-on	\$2,80	\$2.80								
	23 Nursing Home Provider Fee	<u>0.070</u> (1071011110 0.110)	(Fixed Amount)	\$17.10	\$2.00					\$17.10			
- (24 Total Quarterly Per Diem Add-on Amount	e e	Sum of Lns 20 thru 23	\$23.77	\$5.67	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	80.00	60.00
-												\$0,00	\$0.00
2	25 Quarterly Case Mix Based Per Diem Rate		Ln 19 + Ln 24	\$180.13	\$99.07	\$0.00	\$19.23	\$17.34	\$0.00	\$34.51	\$1.60	\$7.85	\$0.53
2	26 Quarterly Per Diem Rate for Bed Hold an	d Leave Days	(ln 25 - ln 23) * 0.75	\$122.27									
_													

Provider: Presbyterian Home, Quitman, Inc. Prvdr ID: 00142579A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: trly BIMS score		Add-on Percent 13.37% 5.5% 3.0%	***************************************	Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.1395 1.3800 1.4036	State- wide 1.3617 1.4446 1.4694
Line Description #	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	emajji bilikiji k	С	d	e i i i	ejimaii f amijin	g	and green	i.etinh.co.co	emiju l ases
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts										YALIA	
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$10,337,985	\$4,890,951	so.	\$1,374,315	\$648,909	\$877,069	\$1,478,081	\$53,224	\$1,015,436	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$75,234)	\$0	\$0	so	(\$2,842)	(\$3,841)	i ' '		(\$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 Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$65,07								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Stres)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15 Growth Allowance Percentage = 13,37%	£n 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 + En 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		1.4036	42.30		420.71	45.50	720.01	40.02	\$13,40	Ψ 1,2,4
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.54								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.36	\$103.54	\$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 ([Stnd - Afwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.57	\$0.53	\$0.00	\$0.00	\$0.04	\$0,00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.69	\$ 5.69								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Lл 19 Col b x Stfng Add-on	\$3.11	\$3.11								
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	\$9.37	\$9.33	\$0.00	\$0,00	\$0.04	\$0.00	\$0.00	\$0.00	\$0,00	\$0,00
25 Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$204.73	\$112.87	\$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	\$153.55		•	······································			·			

Provider:	Presbyterian Village, Inc.		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00362832A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.2644	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	33.3%	2.5%	Quarterly Medicaid CMI:	1.5408	1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	4,68	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.5694	1.4694

	wipo a nuise nis pala per qualter Etiding.	oorour (3 Noise nouts pe	On-Sile DayiQ	daily incentive.	4,00	3.0%	Qrety Mcalo	CIVII W RUG	rvgnt Options:		1.5694	1.4594
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	(C	d	e	festepa r colosar	g	g	estiment h imse	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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	FY12 Audited C/R Days	37,499									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 35,475	FY 18 GL-PL Ins Rpt Days								35,475		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$185,70	\$92.87	\$0.00	\$17.50	\$25.85	(with L&H)	\$33.74	\$1.06	\$13.97	\$0.71
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2644								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$73.45								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOlhr = £n 9		\$73.45	\$0.00	\$17.50	\$25.85		\$33,74	\$1.06	\$13.97	\$0.71
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09	j	\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$152.69	\$71,51	\$0.00	\$17.50	\$23.09		\$20.56	\$1.06	18.26	\$0,71
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	t⊓ 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5694</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	โก 16 x โภ 17		\$127.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$216.59	\$127.23	\$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 ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0,22	\$0,00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.18	\$3,18								
22	Nurse Staff Hrs / Quality Add-on Per Diem ≈ 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.82	\$3.82								
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	\$7.22	\$7.00	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00	\$0,00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Լո 19 + Lռ 24	\$223.81	\$134.23	\$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	\$167.86									

1	ovider: Providence Healthcare of Sparta vdr ID: 00142623A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours		owth Allowance: htrly BIMS score	31.1%	Add-on <u>Percent</u> 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2494 1.4716 1.4994	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1114.5.			1 (a) (a) (a) (b) (b)	b	C	d	ė	00000 6 00000	g	g	essarega h eesigaid	erretti i teleggi
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	\$2,804,770	\$1,453,605	\$0	\$286,258	\$175,513	\$200,891	\$390,719	\$40,376	\$257,408	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$14,916)	(\$13,028)	1	\$0	\$1,992	\$2,279	(\$10,145)	440,070	(\$15,953)	\$19,939
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,789,854	\$1,440,577	\$0	\$286,258	\$177,505	\$203,170	\$380,574	\$40,376	\$241,455	\$19,939
8	Total Nursing Facility Days As Filed Days = 17,786	FY12 Audited C/R Days	17,786					-			,	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,565	FY 18 GL-PL Ins Rpt Days								20,565		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$156.54	\$80.99	\$0.00	\$16.09	\$21,40	(with L&H)	\$21.40	\$1.96	\$13,58	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2494								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.82								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.67	\$64.82	\$0.00	\$16.09	\$21.40		\$20.56	\$1,96	8.72 (FRV)	\$1.12
	Quarterly Per Diem Rate Prior to Add-ons										. ,	
15	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Aliwnc %	\$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		1.4994								
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	4.00 00	\$110.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, Al(Othr = Ln 16	\$187.80	\$110.19	\$0,00	\$18,24	\$24.26	\$0.00	\$23.31	\$1.96	\$8.72	\$1.12
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.75	\$2.75								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.20	\$2.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.21	\$5,48	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$211.01	\$115.67	\$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	(£n 25 - £n 23) * 0.75	\$145.43									

1	ovider: Providence Healthcare of Thomaston vdr ID: Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score	35.4%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.2794 1.3788 1.4019	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1,17.1.			a	b	::::::::::::::::::::::::::::::::::::::	d	e e e e e e e e e e e e e e e e e e e	asuši f iliviji	g	rian g	egipiled h istorijelee	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$4,305,895	\$2,258,087	so.	\$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)	Ų 12,000	(\$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	FY12 Audited C/R Days	36,622								,	,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,325	FY 18 GL-PL Ins Rpt Days								31,325		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$109.93	\$61.53	\$0.00	\$13.07	\$17.03	(with L&H)	\$15.39	\$1.37	\$0.95	\$0.59
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2794</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.09	\$0.00	\$13.07	\$17.03		\$15.39	\$1.37	\$0.95	\$0.59
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or i.n 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 16	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
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15 per Current Qtr End	\$115.60	\$54,52	\$0.00	\$14.82	\$19.31	\$0.00	\$17.45	\$1.37	\$7.54	\$0,59
18	Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	per Current Qir End Ln. 16 x Ln. 17		1.4019								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$137.51	\$76.43 \$76.43	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.91	\$1.91			22411				±3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.29	\$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	\$22.83	\$4.73	\$0,00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$160.34	\$81.16	\$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	\$107.43					,				

	vider: PruittHealth - Ashburn, LLC rdr ID: 00140104A	10/1/2019	Q	owth Allowance: trly BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly f	CMI) Data 3 Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1,3806 1,4613 1,4875	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-PL Insurance	and Related	Taxes and Insurance
	SE MIX BASED RATE CALCULATIONS		а	Ь	С	d d	е	[]][][]][][][][][][][][][][][][][][][]	anie godini	g	remains h ilas angs	
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,602,964	\$1,920,538	\$0	\$327,040	\$241,985	\$229,227	\$490,150	\$182,854	\$211,170	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmls	(\$66,603)	(\$11,693)	1	50	\$1,933	\$1,059	(\$59,591)	l .	(\$23,561)	1
8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 24,869	FY12 Audited C/R FY12 Audited C/R Days	\$3,536,361 24,869	\$1,908,845	\$0	\$327,040	\$243,918	\$230,286	\$430,559	\$182,854	\$187,609	\$25,250

Provider: PruittHealth - Athens Heritage, LLC Prvdr ID: 00141391A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score		Add-on Percent 13,37% 0.0% 2.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.6031 1.2763 1.2943	State- wide 1,3617 1,4446 1,4694
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
		esser a esse	::::: Б	i i i c	land different	e	f	dig ging/	iin giiiii	ene per held been	enera. I neba
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,526,388	\$3,246,116	S0	\$538,887	\$534,762	\$490,607	\$977,971	\$250,221	\$487,824	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$152,415)	(\$3,216)	\$0	(\$776)	(\$18,081)	(\$16,890)	(\$96,300)	42,00,22,	(\$132,263)	\$115,111
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,373,973	\$3,242,900	\$0	\$538,111	\$516,681	\$473,717	\$881,671	\$250,221	\$355,561	\$115,111
8 Total Nursing Facility Days As Filed Days = 33,807	FY12 Audited C/R Days	33,807				·	-				
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days ≈ 33,536	FY 18 GL-PL Ins Rpt Days								33,536		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$188.60	\$95,92	\$0,00	\$15.92	\$29.30	(with L&H)	\$26.08	\$7.46	\$10.52	\$3.40
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6031</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$59,83								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$ 71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.08	\$5 9.83	\$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 %	645.07	***	60.00	20.40	60.00	***	20.75			
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$15.97 \$163.05	\$8.00 \$67.83	\$0.00 \$0.00	\$2.13 \$18.05	\$3,09 \$26,18	\$0,00 \$0.00	\$2.75 \$23.31	N/A \$7,46	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$163.05	1.2943	30.00	\$10.00	\$20.10	\$0.00	\$23,31	\$7.46	\$16.82	\$3.40
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.79								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183.01	\$87.79	\$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 ([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 = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$19,61	\$2.29	\$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	\$202.62	\$90.08	\$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	\$139.14									

				Facility	Add-on		Facility	State-
Provider:	PruittHealth - Augusta		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific .	<u>wide</u>
Prvdr ID;	00059463A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4445	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	29.7%	1.0%	Quarterly Medicaid CMI:	1.3459	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.20	2.0%	Ortrly Meaid CMI w RUG Wight Options:	1.3669	1.4694

	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Sile Day/Q	uality Incentive:	3.20	2,0%	Qrtrly Mcaid	CMI w RUG \	Nght Options:		1.3669	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dĭetary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Herriji b janan	c c	d	e e	alektik f ajtaja	ġ	g	aadama h ayada la	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,463,847	\$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	FY12 Audited C/R Days	33,329									
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,845	FY 18 GL-PL Ins Rpt Days								29,845		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$161.30	\$89.98	\$0.00	\$15.08	\$17.80	(with L&H)	\$19.51	\$8.06	\$9,49	\$1.38
10	[from 4 qtrs of FY12		1.4445								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$62,29	\$0.00	\$15,08	\$17.80		\$19.51	\$8.06	\$9,49	\$1.38
13	Per Diem Standards (After Stalewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$133.48	\$62.29	\$0.00	\$15,08	\$17,80		\$19.51	\$8.06	9.36	\$1,38
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.34	\$8.33	\$0.00	\$2.02	\$2.38	\$0.00	\$2.61	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	<u> </u>	\$148.82	\$70.62	\$0.00	\$17.10	\$20,18	\$0.00	\$22.12	\$8.06	\$9.36	\$1.38
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		<u>1.3669</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x էո 17		\$96.53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$174.73	\$96.53	\$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 ([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 Diern = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.97	\$0.97	15,50		45.41	40.20	40.07		Ψ5.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 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	\$21.53	\$3,43	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25		Ln 19 + Ln 24	\$196.26	\$99.96	\$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	\$134.37		<u> </u>	1	L		L	I		
			7,04.07									

1	rovider: PruittHealth - Austell		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,5684	State- wide
'	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:			trly BIMS score	33.7%	2,5% 2.0%	Ortrly Moaid	Quarterly I	o Overall CMI: Medicaid CMI; Wght Options:		1.5584 1.4649 1.4894	1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
2			a	::::::::::b:::::::::::::::::::::::::::	Ċ	View design	e e	(2005) f .2005)	g	ili griss	erezitie h eretiikee	deres l'edec
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				İ							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Col a	\$176.09	\$89.10	\$0,00	\$16.99	\$23,57	(with L&H)	\$23.20	\$7.22	\$13.68	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5684</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9 / La 10		\$56.81								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$56.81	\$0.00	\$16,99	\$23.57		\$23.20	\$7.22	\$13.68	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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%	£n 14 x Grwth 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		<u>1.4894</u>								
18 19	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$189,24	\$95.93	\$0.00	\$19.26	\$26,18	\$0,00	\$23.31	\$7.22	\$15.01	\$2.33
	Quarterly Per Diem Add-on Amounts					1						
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,40	\$2.40								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$22,17	\$4.85	\$0.00	\$0.22	\$0,00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + En 24	\$211.41	\$100.78	\$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	\$145.73									

1	ovider: PruittHealth Augusta Hills vdr ID: 00245055A	_		wth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas		d Overall CMI:		Facility Specific 1,4845	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p	oer On-Site Day/Q	trly BIMS score uality Incentive:		5.5% 2.0%	Ortrly Mcaid		Medicaid CMI: Wght Options;		1.4825 1.5071	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	ingly c the s	d iii	a	stoga faijaji	ot estigitati	g	inggijiji hitaryaya	datarin i un
<u>C</u>	ASE MIX BASED RATE CALCULATIONS		1		and the state of t							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Fited Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$6,172,759	\$3,380,409	so.	\$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)	·	(\$115,669)	1 ' '	(\$64,266)	\$60,538
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,037,763	\$3,375,002	\$0	\$616,641	\$437,167	\$327,625	\$665,338	\$303,153	\$252,299	\$60,538
8	Total Nursing Facility Days As Filed Days = 37,879	FY12 Audited C/R Days	37,879									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,432	FY 18 GL-PL Ins Rpt Days								30,432		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 8 Col a	\$161.35	\$89.10	\$0.00	\$16.28	\$20,19	(with L&H)	\$17.56	\$9.96	\$6,66	\$1.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4845</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$16,28	\$20,19		\$17.56	\$9.96	\$6,66	\$1.60
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$15.25	\$8,02	\$0.00	\$2.18	\$2.70	\$0.00	\$2.35	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.66	\$68,04	\$0.00	\$18.46	\$22.89	\$0,00	\$19.91	\$9.96	\$8.80	\$1.60
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5071								
18	Qrtrly Routine Srvcs 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	\$184.16	\$102,54	\$0.00	\$18.46	\$22.89	\$0.00	\$19.91	\$9.96	\$8.80	\$1.60
	Quarterly Per Diem Add-on Amounts											1
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.64	\$5.64								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.05	\$2.05								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.32	\$8.22	\$0.00	\$0.22	\$0,41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$210.48	\$110.76	\$0.00	\$18.68	\$23,30	\$0.00	\$37.38	\$9.96	\$8.80	\$1.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$145.04						•	·		

1	ovider: PruittHealth - Blue Ridge, LLC vdr ID: 00140973A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	owth Allowance: trly BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.5336 1.2190 1.2350	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
С	ASE MIX BASED RATE CALCULATIONS		а	Ь	Ċ	Selected regular	е	galasi fortasii	g	diii gariini	i Neiling have to	ostory i teriori
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$5,508,415	\$3,018,964	\$0	\$521,660	\$383,347	\$380,977	\$819,937	\$243,003	\$140,527	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$130,716) \$5,377,699	(\$8,065) \$3,010,899	\$0 \$0	(\$1,169) \$520,491	(\$13,877) \$369,470	(\$14,537) \$366,440	(\$87,679) \$732,258	\$243,003	(\$46,929) \$93,598	\$41,540 \$41,540
8	Total Nursing Facility Days As Filed Days = 35,332 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,945	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	35,332							34,945		
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$152.29	\$85.22 <u>1.5336</u> \$55.57	\$0.00	\$14.73	\$20.83	(with L&H)	\$20.73	\$6.95	\$2,65	\$1.18
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AliOthr = Ln 9 per Peer Group Limits		\$55.57 \$71.51	\$0.00 \$0.00	\$14.73 \$18.41	\$20.83 \$23.09		\$20.73 \$20.56	\$6.95 \$0.00	\$2.65 N/A	\$1.18
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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$14.93	\$7.43	\$0.00	\$1.97	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$142.72	\$63,00 <u>1.2350</u> \$77.81	\$0.00	\$16.70	\$23.61	\$0.00	\$23.31	\$6.95	\$7,97	\$1.18
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.53	\$77.81	\$0.00	\$16.70	\$23.61	\$0,00	\$23,31	\$6.95	\$7.97	\$1.18
20 21	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.16 \$1.95	\$0.53 \$1.95	\$0,00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x Sting Add-on (Fixed Amount)	\$2.33 \$17.10	\$2.33					\$17.10			
24 25	Total Quarterly Per Diem Add-on Amounts Quarterly Case Mix Based Per Diem Rate	Sum of Lns 20 thru 23	\$22.54 \$180.07	\$4.81 \$82.62	\$0.00 \$0.00	\$0.22 \$16.92	\$0.41 \$24.02	\$0.00	\$17.10 \$40,41	\$0.00 \$6.95	\$0.00	\$0.00
-	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$180.07	302.02	00.0¢	\$10,32	\$24.02	\$0.00	\$40.41	\$6.95	\$7.97	\$1.18

Provi Prvdi		10/1/2019		owth Allowance: Itrly BIMS score		Add-on <u>Percent</u> 13.37% 2.5% 3.0%	•	Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.6566 1.5558 1.5808	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
0.46	NEW PAGE DATE ON OUR TONG		a	b		d	е	j.::::::: f .:::::::	g egg	g	siddinin h tterioger	atrofice i expense
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			1
B	ase Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$200,389)	(\$22,196)	\$0	\$4,793	(\$5,635)	(\$13,027)	(\$157,358)	,	(\$127,055)	\$120,089
t i	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									j
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 53,128	FY 18 GL-PL Ins Rpt Days								53,128		
1 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	ln7/ln8Cola	\$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								Ì
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$68.30								
	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68,30	\$0.00	\$18.06	\$20,81		\$24.47	\$7.11	\$13.17	\$2.35
	Per Diem Standards (After Statewide CMA for Routine Srycs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.95	\$68.30	\$0.00	\$18.06	\$20,81		\$20.56	\$7.11	11,76	\$2.35
Q	uarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.07	\$9.13	\$0.00	\$2.41	\$2.78	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$166.02	\$77.43	\$0.00	\$20,47	\$23.59	\$0.00	\$23.31	\$7.11	\$11.76	\$2.35
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5808								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$122.40								
19 1	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$210,99	\$122.40	\$0.00	\$20.47	\$23,59	\$0.00	\$23.31	\$7,11	\$11.76	\$2.35
0.	uarterly Per Diem Add-on Amounts											
	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0,00	
1 1	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3,06	\$3.06					, , , ,		72.00	
22 1	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.67	\$3.67								
23 1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.99	\$7.26	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0,00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$235.98	\$129.66	\$0.00	\$20.69	\$24.00	\$0.00	\$40.41	\$7.11	\$11.76	\$2,35
26 Qı	uarterly Per Diem Rate for Bed Hold and Leave Days	(£n 25 - £n 23) * 0.75	\$164.16			·						

	Provider: Pruitt Covington Prvdr ID: 00265196A Case Mix Per Diem Rate Effective Da MDS & Nurse Hrs Data per Quarter Endi	te: 10/1/2019	Qtr	rth Allowance: iy BIMS score	40.0%	Add-on Percent 13.37% 2.5% 3.0%			i Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.3923 1.4532 1.4790	State- wide 1.4014 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-Pl. Insurance	Property and Related	Taxes and Insurance
			а	b	c	d	e	f	g		h	i
c	CASE MIX BASED RATE CALCULATIONS											
_				1	1	2		_				
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			İ
	Peer Group Standards & Efficiency Measure Limits			İ								
2		(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0,22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,350,870	\$2,108,885	S0	\$444,031	\$256,227	\$338,422	\$654,103	\$170,824	\$378,378	\$(
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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.10								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,10	\$0.00	\$17.62	\$23.60		\$21.93	\$7.06	\$13.40	\$1.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142.20	\$60,10	\$0.00	\$17.62	\$23,55		\$21.93	\$7.06	10.33	\$1.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		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		Ln 14 + Ln 15	\$158.68	\$68.14	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	1	\$10.33	\$1.6
17	1	per Current Qtr End		1.4790			-				•	
18		Ln 16 x Ln 17		\$100.78								
19		RS = Ln 18, AliOthr = Ln 16	\$191.32	\$100.78	\$0.00	\$19.98	\$26.70	\$0.00	\$24.86	\$7.06	\$10.33	\$1.6
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.12	\$0,53	\$0.00	\$0,22	\$0.00	\$0.00	\$0.37	.]	\$0.00	
21		s) Ln 19 Col b x CPS Add-on	\$2,52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng 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	\$23.76	\$6.07	\$0.00	\$0,22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$215.08	\$106.85	\$0.00	\$20.20	\$26.70	\$0.00	\$42.33	\$7.06	\$10.33	\$1.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$148.49			1		•	·	1		1
			1	!								

	vider: PruittHealth - Crestwood dr ID: 00140764A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	57.6%	Add-on Percent 13.37% 5.5% 3.0%	****		d Overall CMI: Medicaid CMI:	:	Facility <u>Specific</u> 1.5323 1.4403 1.4669	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a :	ijaddoli b milians.	c	d d	:::::::::e::::::::::::::::::::::::::::	iiiiiii f	g	g	ididina h ilaan	i
CA	SE MIX BASED RATE CALCULATIONS											
1 (Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
l le	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,133,947	\$2,380,708	so	\$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 Adjstmts	(\$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 Adjstmt to Routine Srvcs	Ln 7 / En 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.54	\$0.00	\$13.81	\$17.17		\$18.16	\$7,51	\$5.47	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or l.n 13	\$123.55	\$57.54	\$0.00	\$13.81	\$17,17		\$18.16	\$7,51	8.44 (FRV)	\$0.92
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Alfwng %	*****									
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$14.27	\$7.69	\$0,00 \$0,00	\$1.85	\$2.30	\$0,00	\$2.43	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	\$137.82	\$65,23	\$0.00	\$15.66	\$19.47	\$0.00	\$20.59	\$7.51	\$8.44	\$0.92
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		<u>1.4669</u> \$95,69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.28	\$95.69	\$0.00	\$15.66	\$19.47	\$0.00	\$20,59	\$7.51	\$8.44	\$0,92
0	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$5.26	\$5.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.87	\$2.87								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.76	\$8.66	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 C	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.04	\$104.35	\$0.00	\$15.88	\$19.88	\$0.00	\$38.06	\$7.51	\$8.44	\$0.92
26 C	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$133.46							· · · · · · · · · · · · · · · · · · ·		

1	rovider: PruittHealth - Decatur rvdr ID: 00252942A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: (trly BIMS score	Facility Score N/A 29.1% 3.67	Add-on Percent 13.37% 1.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4114 1.5131 1.5382	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
7.2			nami a niwija	ь	C	d	е	landig f agiligas	g	:::::: g:::::::	e i h	
<u> c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts										1	
5	As Filed Cost Center Costs (Routine & Special Srycs 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 Reatlocations 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									
	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 Srvcs	Ln 7 / Ln 8 Col a	\$170,28	\$97.56	\$0.00	\$14.00	\$20.56	(with L&H)	\$20.17	\$7.11	\$9.32	\$1,56
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4114</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.13								
12	Net Per Dierns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$69.13	\$0.00	\$14.00	\$20,56		\$20.17	\$7.11	\$9.32	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148,10	\$69.13	\$0.00	\$14.00	\$20.56		\$20.17	\$7.11	15.57	\$1.56
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	£n 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 + l,n 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		<u>1.5382</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 16 x ln 17		\$120,55							į į	
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.84	\$120,55	\$0,00	\$15.87	\$23.31	\$0.00	\$22.87	\$7.11	\$15.57	\$1.56
	Quarterly Per Diem Add-on Amounts										_i	
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 Srys)	Ln 19 Col b x CPS Add-on	\$1,21	\$1.21							1	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,62	\$3.62							ļ	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.38	\$5.36	\$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	\$230.22	\$125.91	\$0.00	\$16.09	\$23.72	\$0,00	\$40.26	\$7.11	\$15.57	\$1.56
								L	l			

\$159.84

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	vider: PruittHealth- Eastside dr ID: 00140687A			th Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas		d Overati CMI		Facility <u>Specific</u> Use Stwde	State- wide 1.4014
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours per (ly BIMS score ality Incentive;	28.4% 3.51	1.0% 2.0%	Ortrly Mcaid		Medicaid CMI Wght Options:		1.3744 1.3973	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		1	а	, b	С	d	e	f	, 9		h	į i
Ç/	SE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
`	Type of Facility within Peer Group	(555 t 5115) 1111111111111		Ali Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
ĺ	Bed Size Range within Peer Group	***************************************		All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	- [
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.55	\$0.00	\$0.22	\$0.41		\$0.57			
	Base Period Per Diem Allowed Amounts											
5 .	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$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)	1 1	(\$16,881)	\$16,881
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$2,562,048	\$1,274,956	\$0	\$230,025	\$182,842	\$208,077	\$378,052	\$216,538	\$54,677	\$16,881
8	Total Nursing Facility Days As Filed Days = 13,874	12/31/14 Audited C/R Days	13,874			-						
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,369	FY 18 GL-PL Ins Rpt Days								26,369		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$177.28	\$91.90	\$0.00	\$16.58	\$28.18	(with L&H)	\$27.25	\$8.21	\$3,94	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.4014</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.58								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$65.58	\$0.00	\$16.58	\$28.18		\$27.25	1	\$3.94	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	1	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 (FRV)	\$1.22
	Quarterly Per Diem Rate Prior to Add-ons										1,44)	
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)	Լո 14 + Լո 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		1.3973								
18	Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x En 17		\$103.89								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$197.34	\$103.89	\$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 - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.04	\$1.04								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Coî b x Sting Add-on	\$2.08	\$2.08								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3.87	\$3.65	\$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 + Ls 24	\$201.21	\$107.54	\$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	\$150.91		!	.1	1	<u> </u>	1	- I		1

3	rrovider: PruittHealth - Fairburn, LLC Prvdr ID: 00142997A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: Utrly BIMS score		Add-on Percent 13.37% 0.0% 3.0%	***************************************	Quarterly I	CMI) Data 3 Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4922 1.3708 1.3917	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a de la composición dela composición de la composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela co	ъ	i co	iso (dilini)	е	in the first	g	g	liefelelle h ressen	:::::::i::::::::::::::::::::::::::::::
<u>c</u>	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	toon to marrially		30.00	\$0.00	30.22	, JU, 47		\$0.57			
5	As Fifed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,504,987	\$2,992,534	so.	\$468,427	\$298,723	\$327,561	\$818,722	\$197,290	\$401,730	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$106,459)	\$0	\$0	(\$200)	(\$7,317)	(\$8,026)	(\$81,078)	1 ' '	(\$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	, , , , , , , , , , , , , , , , , , , ,		1,111	7201,100	4010,000	4.0.,0	0.0.,200	4021,441	\$70,101
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,028	FY 18 GL-PL Ins Rpt Days		İ						27,028		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7 / £n 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	77.77			,,	•20.	47.50	411.55	Q133
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71.95								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$71.95	\$0.00	\$16.80	\$21.92		\$26.47	\$7.30	\$11.53	\$2.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	4
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 Allwinc %	\$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)	in 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		<u>1.3917</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.83								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr ≈ Ln 16	\$204.11	\$112.83	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$0,00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3,38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$21.11	\$3.38	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
1				1			î 					

\$225,22

\$156,09

\$116.21

\$0.00

\$19.27

\$25.26

\$0.00

\$40.41

\$7.30

\$14.24

\$2.53

Ln: 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

State-

Facility

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

Facility

Add-on

	ovider: vdr ID:	PruittHealth- Fitzger	rald		Add-on Data and P	ercentages vth Allowance:	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (0 Base Period	CMI) Data d Overall CMI:		Facility Specific 1.2807	State- wide 1.3699
		1	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hours	Qtr per On-Site Day/Qu	ly BIMS score ality Incentive:		0.0% 2.0%	Ortrly Moaid		Medicaid CMI; Wght Options;		1.5590 1.5886	1.4446 1.4694
Line #		Description		Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
					а	ь	С	d	е	f	g	g	ħ	i
C/	ASE M	IIX BASED RATE CALCU	JLATIONS											
1		Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group		(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Peer	roup Standards & Efficiency (Group Standards: Percentile Group Standards: Multiplier ency Measure Maximums (see		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base F	Period Per Diem Allowed Amo	unts											
5 .	As Fi	iled Cost Center Costs (Routine	& Special Srvcs 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		Adjustments and Reallocations		FY13 C/R Audit Adjstmts	(\$63,339)		\$0		\$0	\$0	(\$63,456)		(\$10,726)	\$12,854
7		Center Costs After Audit Adjust		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		tal Nursing Facility Days	As Filed Days = 13,166	FY13 Audited C/R Days	13,166									
		tal Nursing Facility Days GL-PL	•	FY 18 GL-PL Ins Rpt Days								23,941		
9		Per Diems prior to Case Mix Adj		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		se Period Facility Case Mix Inde		from 4 qtrs of FY10 Ln 9 / Ln 10		1.2807								
11		outine Srvcs Case Mix Adjstd (C	•	RS = Ln 11, AllOthr = Ln 9		\$56.32 \$56.32	\$0.00	\$13.59	\$27.86		\$25.21	\$7.84	\$7.92	\$0.98
12		Per Diems after Case Mix Adjstn		per Peer Group Limits		\$36.32 \$73.90	\$0.00	•	\$27.86		\$25.21 \$23.46	\$7.84 \$0.00	\$1.92 N/A	\$0,98
13 14		Diem Standards (After Statewide C	·	Lesser of En 12 or En 13	\$136.99	\$75.90 \$56.32	\$0.00	•	\$23.27 \$23.27		\$23.46	\$0.00 \$7.84	11.53	\$0.98
14		Period Case Mix Adjusted Allov		Lesser of Cit 12 of Cit 13	\$130.99	\$30,32	\$0.00	\$13.39	\$23.21		\$23.40	\$1.04	(FRV)	\$0.50
15		erly Per Diem Rate Prior to Add th Allowance Percentage =	d-ons 13,4%	Ln 14 x Grwth Allwnc %	\$15.60	\$7.53	\$0.00	\$1.82	\$3,11	\$0.00	\$3.14	N/A	N/A	N/A
16		Allowed Per Diem (After Growth)		Ln 14 + Ln 15	\$152.59	\$63.85	\$0.00	,	\$26.38	\$0.00	\$26.60	\$7.84	\$11.53	\$0.98
17		arterly Facility Case Mix Index f	•	per Current Qtr End	***=	1,5886		*	*=====	*****		•//	******	*****
18		trly Routine Srvcs Case Mix Adj		£n 16 x Ln 17		\$101,43								
19		terly Medicaid CMA Allowed Per	• •	RS = Ln 18, AllOthr = Ln 16	\$190.17	\$101.43	\$0.00	\$15.41	\$26,38	\$0,00	\$26,60	\$7.84	\$11.53	\$0.98
	Quarte	erly Per Diem Add-on Amounts	S											
20	Effici	ency 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	S Add-on Per Diem =	0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse	e Staff Hrs / Quality Add-on Per	Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on										
23		ing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total	Quarterly Per Diem Add-on Am	ounts	Sum of Lns 20 thru 23	\$19.88	\$2.56	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarte	erly Case Mix Based Per Diem	Rate	Ln 19 + Ln 24	\$210.05	\$103.99	\$0.00	\$15.63	\$26,38	\$0.00	\$43.70	\$7.84	\$11.53	\$0.98
26	Quarte	erly Per Diem Rate for Bed Ho	ld and Leave Days	(Ln 25 - Ln 23) * 0.75	\$144.71									

1	ovider: PruittHealth - Fort Oglethorpe	_	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index ((CMI) Data	•	Facility Specific 1.3512	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours ;		trly BIMS score	27.7%	1.0% 3.0%	Ortrly Moaid	Quarterly I	Medicaid CMI: Wght Options:		1.4469 1.4704	1.4446 1.4694
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			а	b	С	ď	e	tion from	g	iii (iii gaalaa	emmenzje h lereterelj ^e	gas stal fillioner
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,844,982	\$3,167,076	so	\$578,322	\$465,823	\$278,761	\$800,194	\$288,717	\$266,089	\$0
6	Audit Adjustments and Realfocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$110,389)	(\$6,330)	so	(\$577)	\$1,727	\$1,033	(\$107,232)	1	(\$47,482)	\$48,472
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,734,593	\$3,160,746	\$0	\$577,745	\$467,550	\$279,794	\$692,962	\$288,717	\$218,607	\$48,472
8	Total Nursing Facility Days As Filed Days = 40,820	FY12 Audited C/R Days	40,820									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 40,031	FY 18 GL-PL Ins Rpt Days								40,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3512</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$57.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 9		\$57.31	\$0.00	\$14.15	\$18.31		\$16.98	\$7.21	\$5.36	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.73	\$57.31	\$0.00	\$14.15	\$18.31		\$16,98	\$7.21	7.58 (FRV)	\$1.19
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	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 Case Mix Index for Medicaid Residents	per Current Qtr End	\$107.00	1.4704	30.00	\$10.04	\$20,70	\$0.00	\$15.25	\$1.21	\$1,30	\$1.15
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95,53								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$167.56	\$95.53	\$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 - 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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.96	\$0.96							43.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Cel b x Sting 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	\$190.02	\$99.89	\$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	\$129.69						1,	L		

1	ovider: PruittHealth - Franklin, Inc vdr ID: 00141039A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owih Allowance: htrly BIMS score	36.8%	Add-on Percent 13.37% 2.5% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4254 1.4330 1.4570	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	bereit bereit	С	ligagisk i d istrikent	entine entine	ngwa f asiasi	//iline.gomin	12mm; 1 g 2 mm;	diminin h deleve	atria y i
4	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rot	\$3,811,934	\$2,054,973	\$0	\$346,539	\$170,758	\$218,504	\$608,228	\$187,666	\$225,266	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,162)	(\$7,098)	\$0	\$0	\$0	\$0	(\$67,064)	\$101,000	(\$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				, , , , , ,	,,_,		V,	3233,733	\$11,101
	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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.27	\$79.92	\$0.00	\$13,52	\$15,19	(with L&H)	\$21,12	\$7,73	\$8,12	\$0.67
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4254				, ,			·	* -\
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$56.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$123.45	\$56.07	\$0.00	\$13.52	\$15.19		\$20.56	\$7.73	9.71	\$0.67
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.09	\$7.50	\$0.00	\$1.81	\$2.03	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137.54	\$63.57	\$0.00	\$15.33	\$17.22	\$0.00	\$23.31	\$7.73	\$9.71	\$0.67
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4570</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$92.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.59	\$92.62	\$0.00	\$15,33	\$17.22	\$0.00	\$23,31	\$7.73	\$9.71	\$0.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.32	\$2.32			, ,				35.50	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$22.43	\$4.70	\$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	\$189,02	\$97.32	\$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	\$128.94							1		·

1	ovider: PruittHealth - Griffin, LLC vdr ID: 00143052A			owth Allowance:		Add-on Percent 13,37%	Cas		d Overall CMI:		Facility Specific 1.3383	State- wide_ 1.3617
	Case Mix Per Diern Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19 Nurse Hours p	C er On-Site Day/Q	ttrly BIMS score uality Incentive;		2.5% 3.0%	Qrtrly Mcaid		Medicaid CMI: Wght Options:		1,4407 1,4685	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Refated	Taxes and Insurance
1-1-1-1			a h	oridin b olidadi.	: C : C : C : C : C : C : C : C : C : C	d ::	ingerii e miyak	2010 1 2000	g	g	marailap h oogaajiis	eda (C. I erre .
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,598,275	\$1,814,648	\$0	\$313,153	\$240,444	\$213,026	\$539,982	\$166,012	\$311,010	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$65,894)	(\$5,458)	\$0	(\$867)	\$147	\$480	(\$60,375)		(\$23,339)	\$23,518
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,532,381	\$1,809,190	\$0	\$312,286	\$240,591	\$213,506	\$479,607	\$166,012	\$287,671	\$23,518
8	Total Nursing Facility Days As Filed Days = 23,575	FY12 Audited C/R Days	23,575									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,296	FY 18 GL-PL Ins Rpt Days								22,296		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150,24	\$76.74	\$0.00	\$13.25	\$19.26	(with L&H)	\$20.34	\$7.45	\$12.20	\$1.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3383</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or Ln 13	\$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 Allwnc %	\$14.74	\$7.67	\$0.00	\$1.77	\$2.58	\$0.00	\$2.72	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$141.44	\$65.01	\$0,00	\$15.02	\$21.84	\$0.00	\$23.06	\$7.45	\$8,06	\$1.00
17 18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.4685								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOlhr = £n 16	\$171.90	\$95.47 \$95.47	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,32	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.16		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.39	\$2.39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives)	Ln 19 Col b x Strng 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	\$23,67	\$5.78	\$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	\$195,57	\$101.25	\$0.00	\$15.24	\$22.25	\$0.00	\$40.32	\$7.45	\$8.06	\$1.00
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$133.85						1		.,,,,,1	

Provider: PruittHealth-Greenville Prvdr ID: 00140038A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/2019		owth Allowance; trly BIMS score	Facility Score N/A 40.5% 2.86	Add-on Percent 13.37% 2.5% 3,0%	***************************************	Quarterly t	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.4082 1.2402 1.2619	State- wide 1,3617 1,4446 1,4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		а	b general	c	d	e		g	i g	iii eediree hiiireed yo	
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts			-								
5 As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,341,127	\$2,755,935	\$0	\$471,747	\$358,718	\$339,624	\$841,194	\$271,875	\$302,034	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$119,843)	(\$2,796)	\$0	\$0	(\$5,053)	(\$4,682)	(\$103,501)	Q211,013	(\$61,050)	\$57,239
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,221,284	\$2,753,139	\$0	\$471,747	\$353,665	\$334,942	\$737,693	\$271,875	\$240,984	\$57,239
8 Total Nursing Facility Days As Filed Days = 36,395	FY12 Audited C/R Days	36,395									,
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,930	FY 18 GL-PL Ins Rpt Days								33,930		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/En 8 Col a	\$144.00	\$75.65	\$0.00	\$12.96	\$18.92	(with L&H)	\$20.27	\$8.01	\$6.62	\$1.57
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4082								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$53.72								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = In 11, AllOthr = In 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 Strucs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.28	\$53.72	\$0.00	\$12,96	\$18.92		\$20.27	\$8.01	9.83	\$1.57
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.2619</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$76.85								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$155,38	\$76.85	\$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 - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.38	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.22		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.92	\$1.92								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng 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	\$22.71	\$4.76	\$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 + l,n 24	\$178.09	\$81.61	\$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	\$120.74			• • • • • • • • • • • • • • • • • • • •		·	*****	·		

				Facility	Add-on		Facility	State-
Provider:	PruittHealth -Holly Hill		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific .	wide
Prvdr ID:	00141479A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4465	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	36.9%	2.5%	Quarterly Medicaid CMI:	1.3974	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive;	3.28	3.0%	Qrtrly Meaid CMI w RUG Wght Options:	1.4217	1,4694

Line #	Description	Sources / Calculations	Totals	Routine Services b	Special Services	Dietary	Laundry & Houskpng e	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
	ACC MIV DACCD DATE CALCULATIONS			integringer D errotegen at	Company Control	U LESSON		H. 1955 . 4 5 1945 gr	9	g	аминдонаса П ентура (11).	i ansal diginga
	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits						-					
2 3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Fifed Cost Center Costs (Routine & Special Srycs 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	FY12 Audited C/R Days	31,903									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,960	FY 18 GL-PL Ins Rpt Days								30,960		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$153,40	\$91,81	\$0,00	\$14.09	\$17.30	(with L&H)	\$17.22	\$7.77	\$4.56	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4465</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 9/in 10		\$63,47								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	\$4.56	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.41	\$63.47	\$0.00	\$14.09	\$17.30		\$17.22	\$7.77	8,91	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	£n 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		1.4217			ļ					
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$102.31								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 16	\$174.74	\$102,31	\$0,00	\$15,97	\$19.61	\$0.00	\$19.52	\$7.77	\$8.91	\$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.56	\$2.56								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.07	\$3,07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,26	\$6,16	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$199.00	\$108.47	\$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	\$136.43							· · · · · · · · · · · · · · · · · · ·		•

Pr	ovider;	PruittHealth -Jaspe	r		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- <u>wide</u>
Pr	vdr ID:	00142436A			Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.5432	1.3617
			Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	15,4%	0.0%	Quarterly Medicaid CMI:	1,3412	1.4446
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.34	2.0%	Ortrly Meaid CMI w RUG Wight Options;	1.3612	1.4694
1000	anese:				Routine	Special		Laundov & Plant Admin A&C-	GI_PI Property	Taxes

_	MDS & Noise his Data per Quarter chaing.	uorsurte nouts pe	r On-Site Day/Q	uasty moentive.	3.34	2.0%	Qririy wcaid	CMIWRUG	rvgat Options;		1.3612	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
A			а	ing and become	C	d	e	statistic fortices	graph g aranic	g]	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Fifed FY12 C/R -FY 2018 GL-PL Rpt	\$3,489,198	\$1,791,839	\$0	\$318,216	\$240,656	\$235,571	\$521,067	6444.060	6027 404	
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$64,230)	(\$1,144)	\$0 \$0	(\$105)	(\$2,408)		1	\$144,358	\$237,491	\$0 \$41,562
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,424,968	\$1,790,695	\$0	\$318,111	\$238,248	(\$2,401) \$233,170	(\$55,212) \$465,855	\$144,358	(\$44,522) \$192,969	\$41,562 \$41,562
8	Total Nursing Facility Days As Filed Days = 19,472	FY12 Audited C/R Days	19,472	4.11.00,000			4200,240	4200,	4400,000	\$1-1,000	Q152,003	Q41,00£
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,054	FY 18 GL-PL Ins Rpt Days								19,054		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$176.05	\$91,96	\$0.00	\$16.34	\$24.21	(with L&H)	\$23,92	\$7.58	\$9.91	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5432	*****	,,,,,,	•=	, ,		1,100	40.0	4
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.59								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = l,n 9		\$59.59	\$0.00	\$16,34	\$24.21		\$23.92	\$7.58	\$9.91	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$147.14	\$59.59	\$0.00	\$16.34	\$23.09		\$20.56	\$7.58	17,85	\$2,13
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.99	\$7.97	\$0.00	\$2.18	\$3,09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 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 Ofr End		1.3612								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.96								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.53	\$91.96	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,75	\$0.53	\$0,00	\$0.22	\$0.00	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,00	\$0,00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$19.69	\$2.37	\$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	\$207.22	\$94.33	\$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	\$142.59		·	<u></u>			1			l

\$17.10

\$17.47

\$38.83

\$0.00

\$8.22

\$0,00

\$7.73

\$0,00

\$0.65

\$0.00

\$0,00

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

1	rovider: PruittHealth -Lafayette, LLC rovdr ID: 00254394A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:		C	owth Allowance: htrly BIMS score	23.3%	Add-on Percent 13.37% 1.0% 2.0%		Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.2862 1.5207 1.5485	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a 100 a 100 a	ь	C	d	ening e	ciose f (1)/8):	g	g	Personal h -Priller	diagir i sud
C	ASE MIX BASED RATE CALCULATIONS				1							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,937,452	\$2,647,154	\$0	\$487,285	\$349,490	\$267,630	\$698,980	\$240,597	\$246,316	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$93,574)	(\$9,162)	so	(\$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 18 GL-PL Ins Rpt Days								29,261		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.46	\$80,94	\$0.00	\$14.90	\$18.96	(with L&H)	\$18.84	\$8.22	\$6,95	\$0.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.2862								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62,93	\$0.00	\$14,90	\$18.96		\$18.84	\$8.22	\$6.95	\$0.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.23	\$62.93	\$0.00	\$14,90	\$18,96		\$18.84	\$8.22	7.73 (FRV)	\$0.65
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$15.45	\$8.41	\$0.00	\$1.99	\$2,53	\$0.00	\$2.52	N/A	N/A	N/A
16	CMA Alfowed Per Diem (After Growth Allowance Add-on)	1,n 14 + 1,n 15	\$147.68	\$71.34	\$0.00	\$16.89	\$21,49	\$0,00	\$21.36	\$8.22	\$7.73	\$0.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5485</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$186.81	\$110.47	\$0.00	\$16.89	\$21,49	\$0.00	\$21.36	\$8.22	\$7.73	\$0.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	

\$1,10

\$2.21

\$17,10

\$21.94

\$208.75

\$143.74

\$1.10

\$2.21

\$3.84

\$114.31

\$0,00

\$0,22

\$17.11

\$0.41

21

22

23

24

25

BIMS Add-on Per Diem =

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

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

1.0% (to Routine Srvs)

Ln 19 Col b x CPS Add-on

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

Provider: Prvdr ID:	PruittHealth - Lakehaven 00141721A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Ad	Gr (d Percentages rowth Allowance: Otrly BIMS score Quality Incentive:	Facility Score N/A 24,6% 3.35	Add-on Percent 13,37% 1.0% 3.0%		d Overall CMI; Medicaid CMI;	1.5693	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sourc Calcula	tions	Totals a	Routine Services b	Special Services c	Dietary d	Laundry & Plant Operatins & Maint e f	Admin and General g	A&G-GL-PL Property and Related 9 h	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
135.55			а		c	d	e	ing the f grows	:://::: g	g g	iaji muojo h jemeyees	maaaali j ooloo
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,802,486	\$2,808,236	so	\$455,377	\$290,503	\$209,303	\$661,892	\$216,538	\$160,637	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$85,328)	(\$6,292)	\$0	\$0	\$0	(\$1,472)	(\$77,564)		(\$25,340)	\$25,340
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,717,158	\$2,801,944	\$0	\$455,377	\$290,503	\$207,831	\$584,328	\$216,538	\$135,297	\$25,340
8	Total Nursing Facility Days As Filed Days = 31,097	FY12 Audited C/R Days	31,097									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,418	FY 18 GL-PL ins Rpt Days								30,418		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qtrs of FY12	i i i i i i i i i i i i i i i i i i i	1.4944								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	, in the same of t	\$60,29								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,29	\$0.00	\$14.64	\$16.03		\$18.79	\$7.12	\$4.35	\$0.81
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.89	\$60.29	\$0.00	\$14.64	\$16.03		\$18,79	\$7.12	7.21	\$0.81
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	£n 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 Case Mix Index for Medicaid Residents	per Current Qtr End	*******	1.5946			\$15.11	40.50		\$2,1.2	4 7	••••
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.99								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.20	\$108.99	\$0.00	\$16.60	\$18.17	\$0.00	\$21.30	\$7,12	\$7.21	\$0,81
												,
20	Quarterly Per Diem Add-on Amounts	(see Policy Manual)	64.50	20.50	\$0.00	20.00	***	***	40.07			
21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Sting Add-on	\$1.09 \$3.27	\$1.09 \$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$3.27 \$17.10	₽3. ∠/					617.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.99	\$4.89	\$0.00	\$0.22	BO 44	50.00	\$17.10 \$17.47	60.00	#C CC	80.00
						-	\$0.41	\$0.00		\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$203.19	\$113.88	\$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	\$139.57									

1	ovider: PruittHealth - Lanier vdr ID: 00140456A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours	-	owth Allowance: trly BIMS score	34.4%	Add-on Percent 13.37% 2.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4690 1.4014 1.4249	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
11			а	Billinger b erteiter	c	d	е	. 1919 (b. 1 019 (b.)	g	arra genii	natailla h oosella	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	pt \$6,130,722	\$3,379,589	so	\$531,864	\$406,769	\$259,301	\$855,162	5004 400	0440 500	***
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$139,413)		\$0 \$0	\$331,004	1				\$416,538	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,991,309	(\$11,236) \$3,368,353	\$0	\$531,864	(\$1,408) \$405,361	(\$1,043) \$258,258	(\$124,288) \$730,874	1	(\$53,719)	\$52,281
8	Total Nursing Facility Days As Filed Days = 38,430	FY12 Audited C/R Days	38,430	\$3,300,333	30	\$331,004	\$405,361	\$200,200	\$730,874	\$281,499	\$362,819	\$52,281
"	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 33,046	FY 18 GL-PL Ins Rpt Days	38,430									
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7/En 8 Col a	\$157,10	\$87.65	\$0.00	640.04	647.67		040.00	33,046		
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$157.10		\$0,00	\$13.84	\$17.27	(with L&H)	\$19.02	\$8.52	\$9.44	\$1.36
11	Routine Srvcs Case Mix Adistd (CMA) Net Per Diem	En 9/En 10		<u>1.4690</u> \$59.67								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9			50.00	640.04	047.07		040.00	20.50	00.44	
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$59,67 \$71,51	\$0,00 \$0,00	\$13.84	\$17.27		\$19.02	\$8.52	\$9.44	\$1.36
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$128.53		\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
17	Base Feriou Case Mix Aujusted Allowed Fer Diem	Lesser of Cit 12 of Cit 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 Altwnc %	\$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		1,4249								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.39								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.95	\$96.39	\$0.00	\$15,69	\$19,58	\$0.00	\$21.56	\$8.52	\$8.85	\$1.36
	Quarterly Per Diem Add-on Amounts						The second					
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2,41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.89	\$2.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.93	\$5,83	\$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	\$195.88	\$102,22	\$0.00	\$15.91	\$19.99	\$0.00	\$39.03	\$8.52	\$8.85	\$1.36

\$134.09

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: PruittHealth - Laurel Park		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (C	CMI) Data		Facility Specific 1,2708	State- wide 1,3617
P	rvdr ID: 00908553A Case Mix Per Diem Rate Effective Date:	10/01/19	Gro Utrly Cognitive Perl		17.1%	0.0%			noverall CMI: Medicaid CMI:		1.3685	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/Q			3.0%	Ortrly Mcaid	CMI w RUG V			1.3885	1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operalns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			3	b	С	d	e	f	g		h	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
٠.'	Type of Facility within Peer Group	(,,		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
ļ				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Bed Size Range within Peer Group			7 M 200 01200		7 202 0.200			,			
	Peer Group Standards & Efficiency Measure Limits								50.004			
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%	Ī	50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	FY2012 C/R -FY 2018 GL-PL Rpt	V.,,	\$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							252.05	30,556	****	24.50
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2708</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$99.59						07.00	20.00	
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$99.59		Į.	1		\$53.65	\$7.36	\$2,63	\$1.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	1	\$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					00.07	60.00	60.00	\$2.75		N/A	N/A
15	1	Ln 14 x Grwth Allwnc %	\$17.77	\$9.56	1	!	\$3.09	\$0.00		Į.		\$1,53
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$162.16	\$81.07	1	\$20.09	\$26,18	\$0.00	\$23.31	\$7.36	\$22.93	\$1,53
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3885	i i						(FRV)	
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.57							****	0.1.50
15	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.96	\$112.57	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,22	\$0.00	ı	\$0.22	\$0.00		\$0.00		NA	
2	Cogntv Perfrm Scale Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,00	\$0.00	1							
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.38	\$ 3.38								
23	Nursing Horne Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.70	\$3.38	\$0.00	\$0.22	\$0.00	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
2!	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$234.66	\$115.94	\$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	\$163.17									
		L		!								

R-32 Report

ı		=			Facility	Add-on		Facility	State-
ļ	Provider;	PruittHealth -Lilburn, LLC		Add-on Data and Percentages	Score	_Percent	Case Mix Index (CMI) Data	Specific	_wide_
1	Prvdr ID:	00145527A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI;	1.4971	1.3617
			10/1/2019	Qtrly BIMS score	41.7%	2.5%	Quarterly Medicaid CMI:	1,4637	1.4446
-		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,36	3.0%	Ortrly Meaid CMI w RUG Wght Options:	1.4881	1.4694
		Case Mix Per Diem Rate Effective Date:		Qtrly BIMS score	41.7%	2.5%	Quarterly Medicaid CMI:	1,4637	1.4446

	The division of the distriction			daily meenave.	0.50	3.070	Quary Micaio	CIVII W NOG	rrgiit Options.	•	1.4001	1.4094
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
100			а	b ::::::::::::::::::::::::::::::::::::	С	All and make	e	Produc f ictions	in g	g	erigyergy h efatisettet.	::::::::::::::::::::::::::::::::::::::
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities	1 All Facilities			
	·			All Ded Sizes	All Bed Sizes	All bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmts	(\$156,135)	(\$2,080)	so	\$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 Srvcs	Ln 7 / Ln 8 Co1 a	\$153.77	\$89,39	\$0.00	\$14.62	\$19,35	(with L&H)	\$16.75	\$7.41	\$4.61	\$1.64
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4971</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / l,n 10		\$59.71								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	İ	\$59.71	\$0.00	\$14,62	\$19,35		\$16.75	\$7.41	\$4,61	\$1.64
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.86	\$59.71	\$0.00	\$14.62	\$19,35		\$16.75	\$7.41	7.38	\$1.64
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.76	\$7.98	\$0.00	\$1.95	\$2.59	\$0.00	\$2.24	N/A	N/A	N/A
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 Case Mix Index for Medicaid Residents	per Current Qir End		1.4881								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.73								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$174.66	\$100.73	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$24.17	\$6,07	\$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	\$198.83	\$106.80	\$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	\$136,30						l	L		
	1	1 2	7.00.00									

1	ovider. PruittHealth -Macon, LLC vdr ID: 00141908A			owth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (I Base Perior	CMI) Data d Overall CMI	-	Facility Specific 1.4638	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe	or On-Site Day/Q	trly BIMS score uality Incentive:	29,8% 2,95	1.0% 2.0%	Qrtrly Mcaid	Quarterly i CMI w RUG	Medicaid CMI Wght Options		1.4564 1.4820	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
.33.			а	b	c	ď	.	5288 F 2888	g (100)	g	rijera parte h a sia jaab	·
<u></u>	ASE MIX BASED RATE CALCULATIONS				•							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,857,372	\$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 Adjstmts	(\$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 Audiled 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 Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$169.04	\$98.93	\$0.00	\$13.39	\$23.00	(with L&H)	\$18.55	\$8.15	\$5.08	\$1.94
10 11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4638</u>								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$67.58								
13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$67.58	\$0.00	\$13.39	\$23.00		\$18.55	\$8,15	\$5.08	\$1.94
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$140.97	\$71.51	\$0.00 \$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1-7	Dase Period Case Mix Adjusted Allowed Per Dietri	Lessel of Di 12 of Di 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 Allwinc %	\$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 + l,n 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 Qir End		1.4820								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$113,55					ļ			
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194,29	\$113,55	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.19	\$0.53	\$0.00	\$0.22	\$0.07	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfag 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	\$21.70	\$3.94	\$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	\$215.99	\$117.49	\$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	\$149.17									1

Prov	r ID: 00252007A Case Mix Per Diem Rate Effective Date:	— 10/1/2019		Percentages owth Allowance; trly BIMS score	Facility Score N/A 21.7%	Add-on Percent 13,37% 1.0%	Cas		CMI) Data d Overall CMI; Medicaid CMI;		Facility Specific 1.4894 1.5854	State- wide 1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours p	er On-Site Day/Q	uality Incentive:	3.44	2.0%	Ortrly Moaid	CMI w RUĞ \	Wght Options:		1.6164	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b)	c	d in	е	(SOME FRANCE	g	g	tilling h illing sagit	-55111111- 1 111-1111
CAS	SE MIX BASED RATE CALCULATIONS											
1 C	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
_E	ase Period Per Diem Allowed Amounts											
	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,467,213	\$3,139,685	\$0	\$631,640	\$340,257	\$408,626	\$878,818	\$240,597	\$827,590	\$0
6	Audit Adjustments and Realiocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$95,616)	(\$1,858)	\$0	(\$220)	(\$550)	\$0	(\$92,988)	, ,	(\$122,467)	\$122,467
1	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,371,597	\$3,137,827	\$0	\$631,420	\$339,707	\$408,626	\$785,830	\$240,597	\$705,123	\$122,467
8	Total Nursing Facility Days As Filed Days = 32,413	FY12 Audited C/R Days	32,413									
	Total Nursing Facility Days GL-Pt, Ins. Rpt As Filed Days = 32,284	FY 18 GL-PL Ins Rpt Days								32,284		
1 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$196.60	\$96.81	\$0.00	\$19.48	\$23.09	(with L&H)	\$24.24	\$7.45	\$21.75	\$3.78
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4894</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65.00								
1 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOihr = Ln 9		\$65,00	\$0.00	\$19.48	\$23.09		\$24.24	\$7.45	\$21.75	\$3.78
1 1	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.36	\$65,00	\$0.00	\$18.41	\$23.09		\$20.56	\$7.45	28.07 (FRV)	\$3.78
	uarterly Per Diem Rate Prior to Add-ons										,	
1 1	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
1 1	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 En 16 x En 17		1.6164								
1 1	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$228,77	\$119.11 \$119.11	\$0.00	\$20,87	\$26.18	\$0.00	\$23,31	\$7.45	\$28.07	\$3,78
			-	J.10.11	\$5.55	74.0.01	\$20.10	40.00	Ψ20,01	Ç.,40	\$20.01	90.10
1 1	uarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	60.50	\$0.00	80.00	60.00	#0.00	00.00			
1 !	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.53	\$0.53 \$1.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.38	\$2.38								
	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	ΨΕ.00					\$17.10			
	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.20	\$4.10	\$0.00	\$0.00	\$0.00	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$249.97	\$123.21	\$0.00	\$20.87	\$26,18	\$0.00	\$40.41	\$7.45	\$28.07	\$3.78
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$174.65			<u> </u>						

	Prov	vider: PruittHealth-Marietta	a		Add-on Data and P	ercentages	Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
	Prv	dr ID: 00202507A				th Allowance:	N/A	13.37%		•	Overall CMI:		1,2754	1.3699
			Case Mix Per Diem Rate Effective Date:	10/01/19		ly BIMS score	28.1%	1.0%			Medicaid CMI:		1.5282	1.4446
		N	IDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Ho	urs per On-Site Day/Qui	ality Incentive:	3.19	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.5529	1.4694
						Routine	Special		1 4 0	Plant	Admin	A&G- GL-PL	Property	Taxes
i	Line	Description		Sources /	Totals	Services	Services	Dietary	Laundry & Houskpng	Operatos	and	Insurance	and	and
	#			Calculations						& Maint	General	11120101100	Related	Insurance
	1				a	ь	С	ď	e	f	g	g	h	i
	CA	SE MIX BASED RATE CALCU	LATIONS											
	1 4	Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1	1			
		Type of Facility within Peer Group				All Facilities	All Facilities	Free Standing		All Facilities	All Facilities			
		Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
		Peer Group Standards & Efficiency M	feasure Limits											
	2	Peer Group Standards: Percentile Peer Group Standards: Multiplier		(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90,0% 100,0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
	4	Efficiency Measure Maximums (see lii	ne 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
		Base Period Per Diem Allowed Amou		As Filed FY13 C/R	60 600 407	04 707 470	**	0001701	04770.040	0100 100	*****	****	****	
	5	As Filed Cost Center Costs (Routine &		FY13 C/R Audit Adjstm		\$1,767,178	\$0	\$324,734	\$172,319	\$198,133	\$591,297	\$286,311	\$353,215	\$0
	6 7	Audit Adjustments and Realtocations to Cost Center Costs After Audit Adjustment		FY13 Audited C/R	(+,,	(\$1,336) \$1,765,842	\$0 \$0	(\$1,490) \$323,244		(\$753)	(\$95,857)		(\$28,397)	\$29,365
	8	Total Nursing Facility Days	As Filed Days = 19,843	FY13 Audited C/R Day		\$1,765,842	φu	\$323,2 44	\$171,729	\$197,380	\$495,440	\$286,311	\$324,818	\$29,365
	0	Total Nursing Facility Days GL-PL In	• •	FY 18 GL-PL ins Rpt Da								40,456		
	9 .	Net Per Diems prior to Case Mix Adjst		Ln 7 / Ln 8 Col a	\$173.78	\$88,99	\$0.00	\$16.29	\$18.60	(with L&H)	\$24.97	40,456 \$7.08	\$16,37	64.40
	10	Base Period Facility Case Mix Index		from 4 qtrs of FY10	\$173.76	1,2754	\$0.00	\$10.29	\$10.00	(Willi LOCI)	\$24.97	\$7.00	\$10,37	\$1.48
	11	Routine Srvcs Case Mix Adjstd (CM		Ln 9 / Ln 10		\$69.78								
	12	Net Per Diems after Case Mix Adjstmt	·	RS = Ln 11, AllOthr = L	n 0	\$69.78	\$0.00	\$16.29	\$18.60		\$24.97	\$7.08	\$16.37	\$1,48
	13	Per Diem Standards (After Statewide Ch		per Peer Group Limits		\$73.90	\$0.00	\$10.29	\$18.80		\$23.46	\$0.00	\$10.37 N/A	\$1. 40
	14	Base Period Case Mix Adjusted Allow		Lesser of Ln 12 or Ln 1		\$69.78	\$0.00	\$16,29	\$18.60		\$23.46	\$7.08	15.91	\$1.48
	-	Dase Fellod Gase Mix Adjusted Allow	ed F & Diem	203301 01 21 12 01 21	15 \$152.00	409.70	\$0.00	\$10,29	\$10.00		\$23.40	\$7.00	(FRV)	\$1.40
	•	Quarterly Per Diem Rate Prior to Add	ons											
	15	Growth Allowance Percentage =	13.4%	Ln 14 x Grwth Allwac 9	% \$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 A	flowance Add-on)	£n 14 + Ln 15	\$169.74	\$79.11	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
	17	Quarterly Facility Case Mix Index fo	r Medicaid Residents	per Current Qtr End		1,5529								
	18	Ortrly Routine Srvcs Case Mix Adjs	td (CMA) Net Per Diem	Ln 16 x Ln 17		\$122,85								
	19	Quarterly Medicaid CMA Allowed Per	Diem	RS = Ln 18, AliOthr = Ln	16 \$213.48	\$122,85	\$0.00	\$18.47	\$21.09	\$0.00	\$26.60	\$7.08	\$15.91	\$1.48
		Quarterly Per Diem Add-on Amounts												
	20	Efficiency Add-on Per Diem ((Stad - A	lwd] x .75, up to max, or 0}	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
	21	BIMS Add-on Per Diem =	1,0% (to Routine Srvs)	Ln 19 Col b x CPS Add-	on \$1.23	\$1.23								
	22	Nurse Staff Hrs / Quality Add-on Per D	Diern = 3.0% (to Routine Srvcs)	Ln 19 Col b x Slfng Add	-on \$3.69	\$3.69								
•	23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
	24	Total Quarterly Per Diem Add-on Amo	ounts	Sum of Lns 20 thru 23	3 \$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 F	Rate	Ln 19 + Ln 24	\$236,66	\$128.30	\$0.00	\$18.69	\$21.50	\$0.00	\$43.70	\$7.08	\$15.91	\$1.48
	26 (Quarterly Per Diem Rate for Bed Hold	i and Leave Days	(Ln 25 - Ln 23) ° 0.75	\$164.67									
			-	-	,									

1	rovider: PruittHealth - Millen rvdr ID: 00140269A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	41,5%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5517 1.5310 1.5600	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			a	ь	С	d	en en en	agiri fijadi	herro g mant.	g	is a harmonia	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
_	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,352,163	\$2,217,000	\$0	\$455,767	\$279,794	\$289,272	\$715,657	\$240,597	\$154,076	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$133,526)	(\$1,536)	\$0	(\$1,020)	\$0	(\$214)	(\$123,095)	1	(\$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	1 1	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.5517</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$47.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.40	\$47.17	\$0.00	\$15.02	\$18.79		\$19.58	\$8.11	15.12	\$0,61
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.45	\$6.31	\$0.00	\$2,01	\$2.51	\$0.00	\$2.62	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$137.85	\$53.48	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$15.12	\$0.61
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5600								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83,43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.80	\$83.43	\$0.00	\$17.03	\$21.30	\$0.00	\$22.20	\$8.11	\$15,12	\$0,61
	Quarterly Per Piers Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.09	\$2.09	\$0.00	90.22	90,41	90.00	\$U.31		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	Ln 19 Col b x Strng Add-on	\$2.50	\$2.09								,
23	Nursing Home Provider Fee	(Fixed Amount)	\$2.50	φ2.50					\$17.10			į.
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$23,22	\$ 5,12	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00

\$191.02

\$130.44

\$88.55

\$0.00

\$17.25

\$21.71

\$0.00

\$39.67

\$8.11

\$15.12

\$0.61

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider;	PruittHealth - Monroe, LLC		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID;	00141468A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	N/A 40,7% 2.83	13.37% 2,5% 3.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options;	1.2064 1.3137 1.3350	1,3617 1,4446 1,4694

L	MDS & Nurse Hrs Data per Quarter Ending:	Nurse Hours pe	r On-Site Day/Q	uality incentive;	2.83	3.0%	QRIIY Mcaid	CMIWRUG	Wght Options:		1.3350	1.4694
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
222			1000 a 1000 a	b	C	d	:::::::::e::::::::::::::::::::::::::::	1500050 (001505)	i i i gi	g g		jakan ing pangan
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilhin Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,654,415	\$2,010,478	\$0	\$317,824	\$273,019	\$299,773	\$493,783	\$199,696	\$59,842	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$87,423)	(\$9,313)	\$0	(\$452)	\$0	(\$839)	(\$76,819)		(\$17,824)	\$17,824
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,566,992	\$2,001,165	\$0	\$317,372	\$273,019	\$298,934	\$416,964	\$199,696	\$42,018	\$17,824
8	Total Nursing Facility Days As Filed Days = 24,301	FY12 Audited C/R Days	24,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,782	FY 18 GL-PL Ins Rpt Days								26,782		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.03	\$82.35	\$0.00	\$13.06	\$23.54	(with L&H)	\$17.16	\$7,46	\$1.73	\$0.73
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2064								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$68.26	\$0.00	\$13.06	\$23,54		\$17.16	\$7.46	\$1.73	\$0.73
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139,17	\$68.26	\$0.00	\$13.06	\$23,09		\$17.16	\$7.46	9.41	\$0.73
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	•	Ln 14 x Grwth Allwnc %	\$16.26	\$9,13	\$0,00	\$1.75	\$3.09	\$0.00	\$2,29	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	ln 14 + Ln 15	\$155.43	\$77,39	\$0,00	\$14.81	\$26.18	\$0.00	\$19,45	\$7,46	\$9.41	\$0.73
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.3350								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$103.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$181.36	\$103.32	\$0.00	\$14.81	\$26.18	\$0.00	\$19.45	\$7.46	\$9.41	\$0,73
	Quarterly Per Diem Add-on Amounts											
20	· -	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0,00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.58	\$2.58							13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Rouline Srvcs)	Ln 19 Col b x Sting Add-on	\$3.10	\$3,10								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	- 1					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.90	\$6.21	\$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	\$205.26	\$109,53	\$0.00	\$15.03	\$26.18	\$0.00	\$36.92	\$7.46	\$9.41	\$0.73
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$141.12		*			*************	•	·		
1		I										

	Provider:	PruittHealth - Moult	trie		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
1	Prvdr ID:	00142095A			Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,4840	1.3617
-			Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	24.2%	1.0%	Quarterly Medicaid CMI:	1.4798	1.4446
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.29	3,0%	Ortrly Moaid CMI w RUG Wight Options:	1.5089	1,4694
-	T		The second secon				Lancas			
1					Routine	Special		Laundry & Plant Admin A&G-(Property	Taxes

	MDS & Nuise his Data per Quarter Ending.	, wurse nours pe	r Un-Sile Day/Q	uality incentive:	3.29	3,0%	оппу мсаю	CMI W RUG 1	Wght Options:		1.5089	1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			2	territo b irració	С	d d	ė	distribution	g	g	amagay h aasaaya	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,886,734	\$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 (ns Rpt Days								23,376		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$167.03	\$79.22	\$0.00	\$14,68	\$22.76	(with L&H)	\$21.93	\$7.00	\$20,91	\$0.53
10	-	from 4 qtrs of FY12		<u>1.4840</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.38								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.38	\$0.00	\$14,68	\$22.76		\$21.93	\$7.00	\$20,91	\$0.53
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 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										(FRV)	
15	Growth Allowance Percentage = 13.37%	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)	£n 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 Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.5089</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$91.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$183.16	\$91.32	\$0.00	\$16,64	\$25,80	\$0.00	\$23.31	\$7.00	\$18.56	\$0,53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - 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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.91	\$0,91			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				13,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.74	\$2,74								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.75	\$4,18	\$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	\$204.91	\$95.50	\$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 - 1.n 23) * 0.75	\$140.86			1			į	1		I
~~		(\$170.00									

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

Part Part		Provider: Prvdr ID:	00142315A	Case Mix Per Diem Rate Effective Date: ADS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hou		th Allowance: y BIMS score	Facility Score N/A 23.7% 3.42	Add-on Percent 13.37% 1.0% 3.0%			l Overall CMI: Medicaid CMI:		Facility Specific 1.2894 1.4778 1.5058	State- wide 1,3699 1,4446 1,4694
CASE MIX BASED RATE CALCULATIONS 1			Description			Totals			Dietary	•	Operators	and		and	and
Coar Center Peer Groups Case Pellory Manual) Peer Groups Case Pellory Manual) Peer Groups Peer Groups Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Missimur Jacobs & Peer Group Standards & Efficiency Measure Missimur Jacobs & Peer Group Standards & Efficiency Measure Missimur Jacobs & Peer Group Standards & Efficiency Measure Missimur Jacobs & Peer Group Standards & Efficiency Measure Missimur Jacobs & Peer Group Standards & Efficiency Measure Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Missimur Jacobs & Peer Group Standards & Pee			•			а	b	c	d	e	f	g	g	ħ	i
Part Part	(CASE N	WIX BASED RATE CALCU	ILATIONS											
Pear Group Standards: Feacuralite Gee Pointy Manuary 19.0% 19.	1		Type of Facility within Peer Group		(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Spealar Sirves Combined)	3	Peer Peer	r Group Standards: Percentile r Group Standards: Multiplier		(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs FY13 CIR Audit Adjustments So6, B43 So5, B43 So5, B43 So5, B43 So5, B44, B44, B44, B44, B44, B44, B44, B4		Base I	Period Per Diem Allowed Amou	ints											
Total Nursing Facility Days	5	As F	Filed Cost Center Costs (Routine	& Special Srvcs Combined)	As Filed FY13 C/R	\$2,182,584	\$1,021,452	\$0	\$189,330	\$134,583	\$156,353	\$367,726	\$199,696	\$113,444	\$0
Total Nursing Facility Days	-				· ·									• •	
Total Nursing Facility Days GL-PL Ins. Rpt	-		•				\$1,020,856	\$0	\$188,273	\$134,583	\$156,353	\$294,205	\$199,696	\$108,752	\$13,023
Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs	8			•	•										
Base Period Facility Case Mix Index for All Residents													•		
Routine Sirves Case Mix Adjistd (CMA) Net Per Diem Ln 9 / Ln 10 S51.06 S51.0			•			\$156.42	•	\$0.00	\$14.52	\$22.44	(with L&H)	\$22.69	\$8.65	\$8.39	\$1.00
Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, Alfothr = Ln 9			· · · · · · · · · · · · · · · · · · ·		•										
Per Diem Standards (After Statewide CMA for Routine Srvcs) Per Peer Group Limits \$73.90 \$0.00 \$19.14 \$23.27 \$23.46 \$0.00 N/A \$20.00 \$14.52 \$22.44 \$22.69 \$8.65 \$8.95 \$1.00 \$1.00 \$1.00 Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.4% Ln 14 x Grwth Allwrac % \$16.13 \$18.16 \$15.44 \$16.13 \$18.16 \$16.13 \$18.16 \$16.13 \$18.16 \$16.13 \$18.16 \$16.13 \$18.16 \$16.13 \$18.16			• `	·		•		60.00	644.50	600.44		énn co	60.65	60.00	64.00
Base Period Case Mix Adjusted Altowed Per Diem Lesser of Ln 12 or Ln 13 \$19.31 \$61.06 \$0.00 \$14.52 \$22.44 \$22.69 \$8.65 \$8.95 \$1.00						a	******	*	,	********		* * * * * * * * * * * * * * * * * * * *	-	• • • • •	\$1,00
Quarterly Per Diem Rate Prior to Add-ons Ln 14 x Growth Allowace Percentage = 13.4% Ln 14 x Growth Allowace Percentage = 13.4% Ln 14 x Growth Allowace Percentage Stock St			•	·	,	\$120.21	-	•					-		\$1.00
15 Growth Allowance Percentage = 13.4% Ln 14 x Growth Allowance \$16.13 \$8.16 \$0.00 \$1.94 \$3.00 \$0.00 \$3.03 N/A N/A N/A N/A 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$15.44 \$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 Qir End 1.5058 18 Qritrly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Ln 16 x Ln 17 \$104.23 19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$190.45 \$104.23 20 Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem (Sind - Alwd] x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvcs) Ln 19 Col b x CPS Add-on \$1.04 \$1.04 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting 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 \$22.80 \$4.70 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.00 \$0.00 25 \$0.00 \$0.		e basi	e Penod Case Max Aujusied Allow	ved Fel Dietil	L63361 01 E8 12 01 E11 10	φ135.31	00,100	\$0.00	\$14.52	\$22.44		\$22.05	\$0.05		\$1.00
16 CMA Allowed Per Diem (After Growth Allowance Add-on)			- '												
17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem 10 Ln 16 x Ln 17 11 S104.23 12 Quarterly Medicaid CMA Allowed Per Diem 12 Quarterly Per Diem Add-on Amounts 23 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) 24 Total Quarterly Per Diem Add-on Amounts 25 Sum of Lns 20 Ihru 23 26 Efficiency Add-on Per Diem = 3.0% (Io Routine Srvcs) 17 Quarterly Per Diem Add-on Amounts 28 Efficiency Add-on Per Diem = 3.0% (Io Routine Srvcs) 18 IMS Add-on Per Diem Add-on Amounts 18 IMS Add-on Per Diem Add-on Amounts 18 IMS Add-on Per Diem Add-on Amounts 18 IMS Add-on Per Diem Add-on Amounts 18 IMS Add-on P			_			******		*							
18			•	'		\$155.44		\$0.00	\$16.46	\$25.44	\$0.00	\$25.72	\$8,65	\$8,95	\$1.00
19 Quarterly Medicaid CMA Allowed Per Diem					•										
Quarterly Per Diem Add-on Amounts 20 Efficiency Add-on Per Diem ((Stind - Alwd) x .75, up to max, or 0) (see Policy Manual) \$1.53 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.04 \$1.04 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x St(ng 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 \$22.80 \$4.70 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00		•	•	` '				en on	646.40	505.44	60.00	605.70	F0.05	60.05	64.00
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 \$0.21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	19	9 Qua	arterly Medicaid CMA Allowed Per	Diem	RS = Ln 18, AllOint = Ln	16 \$190.45	\$104.23	\$0.00	\$16.46	\$25.44	\$0.00	\$25,72	\$8.65	\$8,95	\$1,00
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.04 \$1.04 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting 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 \$22.80 \$4.70 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00		Quart	terly Per Diem Add-on Amounts	•											
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stifng Add-on \$3.13 \$3.13 23 Nursing Home Provider Fee (Fixed Amount) \$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	20	O Effic	ciency Add-on Per Diem ([Stnd - A	Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$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 \$22.80 \$4.70 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00	2	1 BIM	IS Add-on Per Diem =	1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-o	n \$1.04	\$1.04								
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			•	Diem = 3.0% (to Routine Srvcs)	•	· ·	\$3.13								
			_		, ,										
25 Quarterly Case Mix Based Per Diem Rate £n 19 + Ln 24 \$213.25 \$108.93 \$0.00 \$16.68 \$25.85 \$0.00 \$43.19 \$8.65 \$8.95 \$1.00	24	4 Tota	al Quarterly Per Diem Add-on Amo	ounts	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
	2	5 Quart	terly Case Mix Based Per Diem	Rate	Ln 19 + Ln 24	\$213.25	\$108,93	\$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 \$147.11	20	6 Quart	terly Per Diem Rate for Bed Hol	d and Leave Days	(Ln 25 - Ln 23) * 0.75	\$147.11									

	rovider: PruittHealth - Old Capitol		Add-on Data and Gro	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index ((CMI) Data		Facility Specific 1,2935	State- wide 1.3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe		trly BIMS score	32.5%	2.5% 3.0%	0.43 44	Quarterly I	Medicaid CMI:		1.3360	1.4446
ļ	indo a notae in a data per quarter circing.	GO/SO/15 Noise Hours pe	. Orrolle Daylor	daily incentive.	2.02	3.0%	QATIY MCalo	CIMI W ROG V	Nght Options:		1.3575	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			:::::::: :::::::::::::::::::::::::::::	b	C	- d	е	6 f	g	g	a iji i a sa h i i i i i a sa	alida Lagra
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,892,389	\$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 Gt-PL Ins Rpt Days								42,972		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$126,96	\$64.99	\$0.00	\$11,75	\$16.72	(with L&H)	\$14,28	\$8.01	\$9.94	\$1,27
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2935								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.24								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOthr = En 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or l.n 13	\$110.02	\$50,24	\$0.00	\$11.75	\$16,72		\$14.28	\$8.01	7.75	\$1.27
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth 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)	£n 14 + Ln 15	\$12.44	\$56.96	\$0.00	\$1.37	\$18.96	\$0,00	\$1.91	\$8.01	\$7,75	\$1.27
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End	\$122.70	1.3575	\$0.00	\$10.02	\$10.50	90,00	\$10.19	\$0.01	\$1,15	\$1.27
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$77.32								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = 1.n 16	\$142.82	\$77.32	\$0.00	\$13.32	\$18,96	\$0.00	\$16.19	\$8.01	\$7.75	\$1.27
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.93	\$1,93	\$0.00	40.22	φυ 1 (Ψ0.00	90.57		φυ.υ 0	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.32	\$2.32			•					
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	52.02					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.88	\$4.78	\$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	\$165.70	\$82.10	\$0.00	\$13.54	\$19.37	\$0.00	\$33.66	\$8.01	\$7.75	\$1.27

\$111.45

(Ln 25 - Ln 23) * 0,75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provid Prvdr		Home, Inc. Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	A	Qt	wth Allowance: rfy BIMS score	Facility Score N/A 35.2% 3.85	Add-on Percent 13.37% 2.5% 2.0%			d Overall CM Medicaid CM	Al:	Facility <u>Specific</u> 1.3544 1.4098 1.4351	State- wide 1.4014 1.4446 1.4694
Line #	Description			urces /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		1	а	b	С	d	e	f	g		ħ	ī
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group			All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities	1		
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	1		
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%	1		
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0,37			
•	" to the second of the second	(See to die) inchesiy		40.00		40.22	Ψ011		40,07			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 12/31/14 C/R - FY 18 GL-PL Rpt	\$10,035,853	\$4,372,266	\$0	\$838,307	\$608,158	\$932,237	\$2,158,384	\$601,493	\$525,008	\$
6	Audit Adjustments and Reallocations to Cost Center Costs	12/31/14 C/R Audit Adjstmts	(\$1,099,099)	\$0	\$0	ł	\$0	1	(\$1,099,099)		(\$37,252)	\$37,25
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	\$37,25
8	Total Nursing Facility Days As Filed Days = 60,292	12/31/14 Audited C/R Days	60,292									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 79,384	FY 18 GL-PL Ins Rpt Days								79,384		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.83	\$72,52	\$0.00	\$13,90	\$25.55	(with L&H)	\$17.57	\$7.58	\$8.09	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		<u>1.3544</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$53.54								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$53.54	\$0.00	\$13.90	\$25.55		\$17.57	\$7.58	\$8.09	\$0.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125.47	\$53.54	\$0.00	\$13.90	\$23.55		\$17.57	\$7.58	8.71	\$0.6
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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	\$0.6
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4351								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Լո 16 x Լո 17		\$87.11								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.40	\$87.11	\$0.00	\$15.76	\$26.70	\$0.00	\$19.92	\$7.58	\$8.71	\$0.6
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.18	\$2.18								
22		Ln 19 Cot b x Stfng Add-on	\$1,74	\$1.74				İ				
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	\$5.04	\$4.45	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37	\$0.00	\$0,00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$171.44	\$91.56	\$0.00	\$15.98	\$26.70	\$0.00	\$20.29	\$7.58	\$8.71	\$0.6
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$128,58			.1	I	1	1 .	1		ì
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Facility Add-on Facility State-Provider: PruittHealth - Peake, LLC Add-on Data and Percentages Score Percent Specific Case Mix Index (CMI) Data <u>wide</u> Prvdr ID: 00143327A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1,4021 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2019 Qtrly BIMS score 32,1% 2.5% Quarterly Medicaid CMI: Qrtrly Meaid CMI w RUG Woht Options: 1,3507 1.4446 Nurse Hours per On-Site Day/Quality Incentive: MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 3,96 2.0% 1 3765

	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Site Day/Q	uality Incentive:	3.96	2.0%	Ortrly Moaid	CMI w RUG \	Wght Options:	:	1.3765	1.4694
Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			www.	lada Maria ber kaya sa	C	222.02 d	6	dyalitir f yaqiyat	g	g	ibijidida h iladay	rantan i urtan
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,408,690	\$4,050,040	\$0	\$669,820	\$481,400	\$414,957	\$920,986	\$293,529	\$577,958	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$137,112)	(\$2,733)	\$0	(\$115)	(\$5,708)	(\$4,921)	(\$116,792)		(\$119,471)	\$112,628
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,271,578	\$4,047,307	\$0	\$669,705	\$475,692	\$410,036	\$804,194	\$293,529	\$458,487	\$112,628
8	Total Nursing Facility Days As Filed Days = 42,749	FY12 Audited C/R Days	42,749									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,326	FY 18 GL-PL ins Rpl Days								41,326		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Case Mix Index for All Residents	from 4 qirs of FY12		<u>1.4021</u>			B. C. C. C. C. C. C. C. C. C. C. C. C. C.					
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$67.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, 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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.06	\$67.53	\$0.00	\$15.67	\$20.72		\$18.81	\$7.10	15.60	\$2.63
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.41	\$9.03	\$0.00	\$2.10	\$2.77	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 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 Case Mix Index for Medicaid Residents	per Current Qtr End		1.3765								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$105.38								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$193.29	\$105,38	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$2.63	\$2.63							73.44	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.11	\$2.11								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.37	\$5.27	\$0.00	\$0.22	\$0.41	\$0.00	\$17,47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$216.66	\$110.65	\$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	\$149.67			L			I	1		

	vider: PruittHealth-Rome	Ac	ld-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C	CMI) Data		Facility Specific	State- wide
Pn	rdr ID: 299031876A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours per	Qtri	rth Allowance: ly BIMS score ality Incentive:	N/A 44.7% 3.44	13.37% 2.5% 3.0%	Qrtrly Mcaid		i Overall CMi Medicaid CMI Wght Options		1.3499 1.6085 1.6362	1,4014 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	ď	e	f	g		h	i
G#	SE MIX BASED RATE CALCULATIONS								Ì			
	A.											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	1 All Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			ļ
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
İ												
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90,0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs 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	S
6	Audit Adjustments and Reallocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$78,774)	\$0	\$0	\$0	\$605	\$1,781	(\$81,716		(\$25,246)	\$25,80
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$3,190,511	1	\$0	\$302,768	\$146,387	\$431,091	\$487,989	\$240,597	\$134,607	\$25,80
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 Srvcs	Ln 7 / Ln 8 Col a	\$168.00	\$77.57	\$0,00	\$16,52	\$31.52	(with L&H)	\$26.63	\$7.00	\$7.35	\$1.4
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.3499								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$57.46								
12.	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.46	\$0.00	\$16.52	\$31.52		\$26.63	\$7.00	\$7,35	\$1.4
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	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	\$1.4
											(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Govih Aliwnc %	210.05		***			***				ļ ,
15	Growth Allowance Percentage = 13.4%		\$16.25	\$7.68	\$0.00	\$2.21	\$3.15	\$0.00	\$3.21	N/A	N/A	N/
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	\$1.4
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End Ln 16 x Ln 17		1.6362								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	נה ופאנה זי RS = Ln 18, AllOlhr = Ln 16	5405.54	\$106,58	60.00	040.70	200 70	20.00	007.00	07.00	040.00	
19	Quarterly Medicaid CMA Allowed Per Diem	K5 = Lit 18, AllOut = En 18	\$198.61	\$106.58	\$0.00	\$18.73	\$26.70	\$0.00	\$27.23	\$7.00	\$10.96	\$1.4
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.66	\$2.66								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$23.71	\$6.39	\$0.00	\$0.22	\$0.00	\$0.00	\$17,10	\$0.00	\$0.00	\$0.0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$222.32	\$112.97	\$0.00	\$18.95	\$26.70	\$0.00	\$44.33	\$7.00	\$10.96	\$1.4
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$153.92		4	.1		J	1			

Quarterly Case Mix Per Diem Calculation

FINAL

4 -	Provider: Pruitt Health - Savannah Prvdr ID: 00238323A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurs		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 13.2% 3.75	Add-on Percent 13,37% 0.0% 3.0%	******	Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.5049 1.5559 1.5828	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	d	e	ſ	9		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 0.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$153.32 \$16.97 \$177.42 \$222.30 \$0.00 \$3.66 \$17.10	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.5828 \$121.89 \$121.89 \$0.00 \$3.66	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 288,717 40,469 \$ 7.13 \$7.13	\$25.51 \$25.51 \$25.51 (FRV Rate) \$25.51	\$0.92 \$0.92 \$0.92
	Total Quarterly Per Diem Add-On Amounts		\$20.76	640F FF	<u> </u>	640.00	624.07		\$39.24	\$7.13	\$25.51	\$0.92
	Quarterly Case Mix Based Per Diem Rate Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$169,47	\$243.05	\$125.55	 	\$19.83	\$24.87		\$39,24	\$1.13	\$25.51	\$0.92

1	ovider: PruittHealth - Shepherd Hills, LLC vdr ID: 00142964A Case Mix Per Diem Rate Effective Date:	10/1/2019		Percentages owth Allowance: htrly BIMS score	Facility Score N/A 28.9%	Add-on Percent 13.37% 1.0%	Cas		CMI) Data d Overall CMI: Medicaid CMI;		Facility Specific 1.4305 1.3678	State- wide 1,3617 1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours p	er On-Site Day/Q	uality Incentive:	3.17	3,0%	Ortrly Mcaid	CMI w RUG	Wght Options:		1.3906	1.4694
Líne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			500 a 500 fil	ikoten b iligika	c	d d	е	i i i f	g	g		i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives 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 Reaflocations 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 Srvcs	Ln 7 / Ln 8 Col a	\$137.68	\$78.94	\$0.00	\$13.26	\$16,97	(with L&H)	\$16.46	\$7.12	\$3.95	\$0.98
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4305</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9 / La 10		\$55.18								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$55.18	\$0.00	\$13.26	\$16,97		\$16.46	\$7.12	\$3.95	\$0.98
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$116.66	\$55.18	\$0.00	\$13.26	\$16,97		\$16.46	\$7.12	6.69 (FRV)	\$0.98
15	Quarterly Per Diem Rate Prior to Add-ons 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	ALCA	AU/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$130.28	\$62.56	\$0.00	\$15.03	\$2.27 \$19.24	\$0.00	\$2.20	\$7.12	N/A \$6.69	N/A \$0.98
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End	1.55.25	1,3906	40.00	1.0.00	ψ.5, <u>2</u> 4		\$10.00	47.12	60.09	90.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.00								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$154.72	\$87.00	\$0.00	\$15.03	\$19.24	\$0.00	\$18.66	\$7.12	\$6.69	\$0.98
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	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 Srvcs)	Ln 19 Col b x Strng 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	\$22.11	\$4.01	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$176.83	\$91.01	\$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	\$119.80									

	5 2011 10 5				Facility	Add-on		Facility	State-
Provider:	PruittHealth -Spr	ring Valley, LLC		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific _	<u>wide</u>
Prvdr ID;	00143096A			Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,3401	1.3617
		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	38.6%	2.5%	Quarterly Medicaid CMI:	1.5048	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.40	3,0%	Ortrly Mcaid CMI w RUG Wght Options:	1.5292	1.4694

	MDS & Noise his bata per Quarter Choing	. corsor ra indise nours pe	r On-Site Day/Q	uality incentive:	3.40	3,0%	Оппу мсаю	CMIWRUG	Wgnt Options:		1.5292	1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1.5			а	Б	C	d	8	more from	g	g	anasaijo h Diocea	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Struct Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,128,444	\$1,595,716	so	\$306,856	\$236,002	\$185,738	\$554,227	\$144,358	\$105,547	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$63,694)	(\$852)		\$0	(\$2,164)	(\$2,923)	(\$56,789)	1	(\$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	01,001,001		4000,000	\$200,000	\$102,010	0437,400	\$174,000	430,023	914,232
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 18,123	FY 18 GL-PL Ins Rpt Days	,							18,123		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$149.67	\$77.38	\$0.00	\$14,89	\$20.22	(with L&H)	\$24.14	\$7,97	\$4,38	\$0.69
10		from 4 qtrs of FY12		1.3401				111	72		• 1.00	\$5.05
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = l.n 11, AllOthr = Ln 9		\$57.74	\$0,00	\$14.89	\$20.22		\$24.14	\$7,97	\$4.38	\$0.69
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	, , , , ,
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.67	\$57.74	\$0,00	\$14,89	\$20.22		\$20.56	\$7.97	8.60	\$0.69
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	245.40	47.70	****	****						
15 16	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$15.16 \$145.83	\$7.72	\$0.00 \$0.00	\$1.99	\$2.70	\$0.00	\$2.75	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.03	\$65,46 1,5292	\$0,00	\$16.88	\$22.92	\$0.00	\$23.31	\$7.97	\$8.60	\$0.69
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.10								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$180.47	\$100.10	\$0.00	\$16,88	\$22,92	\$0.00	\$23.31	\$7.97	\$8.60	\$0,69
		•	\$100.15	\$100.10	40.00	\$10,00	VLL.UL	40.00	Ψ20.01	47.51	V 0.00	90.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)]	\$2.50	\$2.50								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng 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	\$204.23	\$106.13	\$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	\$140.35									
	4		: 1									

Provider: PruittHealth - Sunrise, LLC	-	Add-on Data and	l Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (C			Facility Specific	State- wide
Case Mix Per Diem Rati MDS & Nurse Hrs Data per			trly BIMS score	30.6%	13.37% 2.5% 2.0%	Ortrly Moaid	Quarterly !	d Overall CMI: Medicaid CMI: Wght Options:		1.3624 1.4171 1.4418	1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS		2	de de la biologia de la constanta de la consta	C	d	e	f enter	g	g	ilianiya h rjayayia	
				-							
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)						\$188,495	\$220,501	\$462,134	\$144,358	\$208,395	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$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	so	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$137.29	\$67,63	\$0.00	\$14.41	\$19.15	(with L&H)	\$19.05	\$7.29	\$8.78	\$0.98
10 Base Period Facility Case Mix Index for All Residents	from 4 qlrs of FY12		<u>1.3624</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$49.64								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or l.n 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 %										
15 Growth Allowance Percentage = 13.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Allwinc % Ln 14 + Ln 15	\$13.68	\$6.64	\$0.00	\$1.93	\$2.56	\$0.00	\$2.55	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$133.76	\$56.28	\$0.00	\$16,34	\$21.71	\$0.00	\$21,60	\$7.29	\$9.56	\$0.98
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		1.4418 \$81.14								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$158.62	\$81.14	\$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	İ	\$0.00	
! !	(to Routine Srvs) Ln 19 Col b x CPS Add-on	\$2.03	\$2,03							,,,,,,	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine S	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs) Ln 19 Cot b x St/ng Add-on										
Nursing Home Provider Fee (Fixed Amount)		\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.28	\$4,18	\$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			\$85.32	\$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 - £n 23) * 0.75	\$122.85									

	ovider: PruittHealth - Swainsboro, LLC	_	Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p		with Allowance: trly BIMS score uality Incentive:		13.37% 2,5% 2.0%	Ortrly Moaid		i Overall CMI; Medicaid CMI; Vght Options:		1.4255 1.4058 1.4290	1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
1000			i i i i i i a i i i i i i i i i i i i i	ь	c	d.	ė	Pilipin filmoso	g	g	ordinal h gileb	1::
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$5,119,026	\$2,891,203	\$0	\$435,802	\$347,652	\$266,372	\$680,876	\$247,815	\$249,306	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,673)	(\$10,147)	\$0	(\$297)	(\$1,732)	(\$1,002)	(\$87,254)		(\$32,185)	\$30,944
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,017,353	\$2,881,056	\$0	\$435,505	\$345,920	\$265,370	\$593,622	\$247,815	\$217,121	\$30,944
8	Total Nursing Facility Days As Filed Days = 33,677	FY12 Audited C/R Days	33,677									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 29,277	FY 18 GL-PL Ins Rpt Days								29,277		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$150.09	\$85.55	\$0.00	\$12.93	\$18.15	(with L&H)	\$17.63	\$8.46	\$6.45	\$0.92
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4255</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.02								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60.02	\$0.00	\$12.93	\$18.15		\$17.63	\$8.46	\$6.45	\$0.92
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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 Qtr End		<u>1.4290</u>								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$170.73	\$97.23	\$0.00	\$14.66	\$20.58	\$0.00	\$19.99	\$8,46	\$8,89	\$0.92
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$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	<u> </u>	\$193.73	\$102.13	\$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	\$132.47									

1	ovider: PruittHealth- Sylvester ovdr ID: 00143206A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:		Qtr	vih Allowance; fy BIMS score	Facility Score N/A 33.0% 3.58	Add-on Percent 13.37% 2.5% 3.0%	<u> </u>		d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.3730 1.4455 1.4710	State- wide 1.4014 1.4446 1.4694
Lîne #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	•	1	a	b	c	d	e	f	g	L i	h	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs 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 Adjstmts	(\$517,210)	1 ' ' '	\$0	\$0	so	\$0	(\$517,210)		(\$21,498)	\$21,498
7	Cost Center Costs After Audit Adjustments	12/31/14 Audited C/R	\$4,069,279	1	\$0	\$352,690	\$278,432	\$442,485	\$540,391	\$281,499	\$321,326	\$21,498
8	Total Nursing Facility Days As Filed Days = 27,754	12/31/14 Audited C/R Days	27,754									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,792	FY 18 GL-PL Ins Rpt Days								38,792		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$48.05	\$0.00	\$12.71	\$25,98		\$19.47	\$7.26	\$11.58	\$0.77
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24,02		N/A	
14	Base Period Case Mix Adjusted 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 <i>(FRV)</i>	\$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	1 1	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 Qlr End		1.4710								
18 19	Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln 16 x Ln 17 RS = Ln 18, AllOthr = Ln 16	\$160.95	\$80.13 \$80.13	\$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 ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.00	\$2,00							.2.22	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$22.62	\$4.93	\$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	\$183,57	\$85,06	\$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	\$124.85									
1	1			_								

	Provider:	PruittHealth -Toccoa, LLC			Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
	Prvdr ID;	00143305A	D . E		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.5108	1.3617
			Rate Effective Date:	10/1/2019	Qtrly BIMS score	35.1%	2,5%	Quarterly Medicaid CMI:	1.4073	1.4446
		MDS & Nurse Hrs Data	a per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.42	3,0%	Ortrly Moaid CMI w RUG Wight Options:	1,4298	1.4694
-						. Pro A Pro Paris since i				

	mbs a nuise his bata per quarter chairig.	vo/30/19 Nurse nours pe	r On-Site Day/Qi	uality incernive:	3.42	3,0%	QRIIY Mcaid	CMI W RUG	Wght Options:		1,4298	1.4694
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	::::::::b:::::::::::::::::::::::::::::	С	1990 d 1999		f	g	g	h	annini T iriir
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				der effekter							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,489,354	\$4,645,295	\$0	\$873,232	\$697,934	\$433,691	\$1,250,187	\$435,481	\$153,534	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$202,781) \$8,286,573	(\$18,549) \$4,626,746	\$0 \$0	(\$354) \$872,878	(\$6,453) \$691,481	(\$6,099) \$427,592	(\$169,982) \$1,080,205	\$435,481	(\$48,498) \$105,036	\$47,154 \$47,154
8	Total Nursing Facility Days As Filed Days = 60,191 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,413	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	60,191							57,413		
9 10 11	•	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$138.03	\$76.87 <u>1.5108</u>	\$0.00	\$14.50	\$18.59	(with L&H)	\$17.95	\$7.59	\$1.75	\$0.78
12 13	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	Ln 9 / Ln 10 RS = Ln 11, AliOthr = Ln 9		\$50.88 \$50.88	\$0.00	\$14.50	\$18.59		\$17.95	\$7.59	\$1.75	\$0.78
14	· ·	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$116.77	\$71.51 \$50.88	\$0.00 \$0.00	\$18.41 \$14.50	\$23.09 \$18.59		\$20.56 \$17.95	\$0.00 \$7.59	N/A 6.48	\$0.78
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$13.63	\$6.80	\$0.00	\$1,94	\$2.49	\$0.00	\$2.40	N/A	(FRV) N/A	N/A
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$130.40	\$57.68 1.4298	\$0,00	\$16.44	\$21.08	\$0.00	\$20,35	\$7.59	\$6.48	\$0,78
19	Quarterly Medicaid CMA Allowed Per Diem	LN 16 X LN 17 RS = Ln 18, AllOlhr ÷ l.n 16	\$155.19	\$82.47 \$82.47	\$0,00	\$16.44	\$21.08	\$0.00	\$20,35	\$7.59	\$6.48	\$0,78
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sifng Add-on	\$2.06 \$2.47	\$2.06 \$2,47								
23 24	Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17.10 \$23.16	\$5.06	\$0,00	\$0.22	\$0.41	\$0.00	\$17,10 \$17,47	\$0.00	\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24		\$178.35	\$87.53	\$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	(£n 25 - Ln 23) * 0.75	\$120.94									

1	rovider: PruittHealth - Toomsboro, LLC 100409494A Case Mix Per Diem Rate Effective Date: 100409494A MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: tirly BIMS score	40.9%	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.3444 1.4055 1.4292	State- wide 1.3617 1.4446 1.4694
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
1000			: (a	b	C	See deser	е	99955 f (5)	melle g idadi	g	ijagisii h assaises	
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				ļ							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmts	(\$61,734)	(\$5,005)	\$0	(\$758)	i i	\$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	FY12 Audited C/R Days	20,394									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 20,031	FY 18 GL-PL Ins Rpt Days								20,031		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3444</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$56.17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0,00	A/N	
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	\$1.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$14.95	\$7.51	\$0.00	\$1.98	\$2.86	\$0.00	\$2.60	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$149.51	\$63.68	\$0.00	\$16.79	\$24.28	\$0.00	\$22.08	\$7.45	\$13.99	\$1.24
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4292</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$91.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$176.84	\$91.01	\$0,00	\$16.79	\$24.28	\$0,00	\$22.08	\$7.45	\$13.99	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.28	\$2.28								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stres)	Ln 19 Col b x Stfng Add-on	\$2.73	\$2.73								İ
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,64	\$5.54	\$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	\$200.48	\$96.55	\$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	\$137.54			•				<u></u>	1	

	Provider;	PruittHealth - Va	aldosta		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide_
	Prvdr ID:	00141369A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 28.4% 3.65	13.37% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.6176 1.6640 1.6969	1,3617 1,4446 1,4694
Ì						urrana kana		Plant	Property	Toyon

Case Description Calculations Totals Sources Calculations Services Servi	
CASE MIX BASED RATE CALCULATIONS (see Policy Manual) T	Taxes and Insurance
Cost Center Peer Groups Type of Facility within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Efficiency Measure Limits Peer Group Standards & Peer Group	
Type of Facility within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Standards & Efficiency Measure Limits	
Peer Group Standards: Percentitie (see Policy Manual) (see P	
As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjistmts Cost Center Costs After Audit Adjustments FY12 Audited C/R Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,103 FY18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs FY12 Audited C/R Routine Srvcs Case Mix Adjistmt to Routine Srvcs RS = Ln 11, AllOlhr = Ln 9 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 \$2,993,919 \$0 \$5,327,017 \$2,993,919 \$0 \$5,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjistmts Cost Center Costs After Audit Adjustments FY12 Audited C/R Total Nursing Facility Days FY12 Audited C/R Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 31,977 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs FY12 Audited C/R Days FY18 GL-PL Ins Rpt Days FY18 GL-PL Ins Rpt Days FY18 GL-PL Ins Rpt Days Ln 7/Ln 8 Col a FY16 GP FY12 FY18 GL-PL Ins Rpt Days	
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days 9 Net Per Diems prior to Case Mix Adjistm to Routine Srvcs 10 Routine Srvcs Case Mix Adjistm to Routine Srvcs 11 Net Per Diems after Case Mix Adjistm to Routine Srvcs 12 Net Per Diems after Case Mix Adjistm to Routine Srvcs 13 As Filed Days = 33,103 14 \$5,229,074 15 \$2,988,859 16 \$5,229,074 17 Audited C/R Days 18 \$2,988,859 18 \$339,149 18 \$272,975 18 \$235,785 18 \$166,582 18 \$339,149 18 \$272,975 18 \$235,785 18 \$166,582 18 \$339,149 18 \$272,975 19 \$235,785 19 \$166,582 19 \$339,149 19 \$272,975 10 \$235,785 10 \$166,582 11 Adjied C/R Days 11 Routine Srvcs 11 Routine Srvcs Case Mix Adjistm to Routine Srvcs 11 Routine Srvcs Case Mix Adjistm to Routine Srvcs 12 Net Per Diems after Case Mix Adjistm to Routine Srvcs 13 Routine Srvcs 14 Routine Srvcs 15 Routine Srvcs 16 Routine Srvcs 17 Routine Srvcs 18 Sending Routine Srvcs	\$0
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 9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	\$35,839
Total Nursing Facility Days GL-PL Ins. Rpt	\$35,839
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 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 \$10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 Ln 9 \$55.82 \$0.00 \$13.90 \$18.49 (with L&H) \$22.04 \$7.37 \$5.03 \$10 Routine Srvcs Case Mix Adjstmt to Routine Srvcs Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$55.82 \$0.00 \$13.90 \$18.49 \$22.04 \$7.37 \$5.03	
10 Base Period Facility <u>Case Mix Index for All Residents</u> from 4 qtrs of FY12 1.6176 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9/Ln 10 \$55.82 12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$55.82 \$0.00 \$13.90 \$18.49 \$22.04 \$7.37 \$5.03	\$1,08
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$55.82	\$1,00
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOlhr = Ln 9 \$55,82 \$0,00 \$13,90 \$18.49 \$22,04 \$7,37 \$5,03	
7-1	\$1.08
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N/A	Ψ1.00
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	\$1.08
(FRV)	Ψ1.00
Quarterly Per Diem Rate Prior to Add-ons	
15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allwnc % \$14.54 \$7.46 \$0.00 \$1.86 \$2.47 \$0.00 \$2.75 N/A 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 Case Mix Index for Medicaid Residents per Current Qtr End 1.6969	
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$107.38	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$185.30 \$107.38 \$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 ([Sind - Alwa] x .75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00	
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.07 \$1.07	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	
23 Nursing Home Provider Fee (Fixed Amount) \$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 \$207.85 \$112.20 \$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 \$143.06	

	Provider: PruittHealth - Virginia Park Prvdr ID: 00140401A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	Facility Score N/A 28.1% 3.69	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.4219 1.5596 1.5883	State- wide 1.3617 1,4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.2			a	b	······································	d	gardell e mandi.	10000 1 00000	in and granter	g	giológica h erras egy	ogsan i tiist
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	\$7,650	(\$7,451)	\$0	so	\$32,997	\$27,922	(\$111,623)	4000,121	(\$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 Srvcs	in 7/in 8 Cola	\$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		<u>1.4219</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$83,26								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$83,26	\$0.00	\$17.94	\$17.43		\$30.32	\$7.41	\$19.71	\$1.86
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$148.28	\$71.51	\$0.00	\$17.94	\$17.43		\$20.56	\$7.41	11.57	\$1.86
	Quarterly Per Diem Rate Prior to Add-ons		Ì								(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.04	\$9.56	\$0.00	\$2.40	\$2,33	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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		<u>1.5883</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$128.76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$213.01	\$128.76	\$0,00	\$20.34	\$19.76	\$0.00	\$23,31	\$7.41	\$11.57	\$1.86
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$0.63	\$0.00	\$0,00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.29	\$1.29								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$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	\$235.89	\$133.91	\$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	\$164.09									
	1		_!									

\$17.10

\$17.10

\$40.41

\$0,00

\$7.65

\$0.00

\$8.61

\$0.00

\$1.29

\$0.00

\$0.00

\$0.41

\$24.83

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

- 1	rovider: Pruitt Health - Washington rvdr ID: 00143569A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	53.3%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5606 1.4961 1.5248	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
*::::			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b	C	er fallid jegetit.	e	f	g	g	Strategy him and	Special Comm
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,448,193	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.89	\$75.49	\$0.00	\$14,08	\$21.54	(with L&H)	\$21.45	\$7.65	\$4.39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5606</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0,00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20.56	\$7.65	8.61	\$1.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,98	\$6.47	\$0.00	\$1.88	\$2,88	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 + Ln 15	\$136,08	\$54.84	\$0.00	\$15.96	\$24.42	\$0.00	\$23.31	\$7.65	\$8.61	\$1.29
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5248			,-			4	-	V
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$83.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = 1.n 18, AllOthr = Ln 16	\$164.86	\$83,62	\$0.00	\$15.96	\$24.42	\$0,00	\$23,31	\$7.65	\$8.61	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Abvd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$4,60	\$4.60	40.00	40.22	\$5.41	\$0,00	\$5.00		\$3,00	

\$2.51

\$17.10

\$25.37

\$190.23

\$129.85

\$2.51

\$7.64

\$91.26

\$0.00

\$0.22

\$16.18

Ln 19 Col b x Sting Add-on

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

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

22

23

24

25

26

Nursing Home Provider Fee

Total Quarterly Per Diem Add-on Amounts

Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Based Per Diem Rate

1	ovider: PruittHealth - West Atlanta		Add-on Data and		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours p		owth Allowance; htrly BIMS score uality Incentive;	N/A 11.4% 3.28	13.37% 0,0% 3,0%	Ortrly Moaid	Quarterly I	d Overall CMI; Medicaid CMI; Nght Options;		1.3473 1.3876 1.4111	1.3617 1.4446 1.4694
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
-1311			а	\$30500 b 10000	. Section	d	e :	in f	distributed by the second	g	h i i i i i i i i i i i i i i i i i i i	erilisiya Jawaya
<u>C</u> ,	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,403,277	\$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 Adjstmts	(\$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	FY12 Audited C/R Days	39,588									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,621	FY 18 GL-PL Ins Rpt Days								34,621		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / 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 Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3473</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$62.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$141.13	\$62.80	\$0.00	\$14,82	\$23.09		\$20.40	\$8.34	10.06 (FRV)	\$1,62
	Quarterly Per Diem Rate Prior to Add-ons										(11/4)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.20	\$8.40	\$0.00	\$1.98	\$3.09	\$0.00	\$2.73	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	in 14 + Ln 15	\$157.33	\$71.20	\$0.00	\$16.80	\$26.18	\$0.00	\$23,13	\$8,34	\$10.06	\$1.62
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.4111</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$186.60	\$100.47	\$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 ([Stnd - 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 = 0.0% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$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	\$20.98	\$3.54	\$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	\$207.58	\$104.01	\$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	\$142.86			·1	······································		·i			

	ovider: Pruitt Health - Washington vdr ID: 00143569A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	7/1/2019		owth Allowance; trly BIMS score	56.7%	Add-on Percent 13.37% 5.5% 3.0%	-		d Overall CMI: Medicaid CMI:		Facility Specific 1,5606 1,4397 1,4672	State- wide 1.3617 1.4488 1.4737
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a a a a a a a a a a a a a a a a a a a	b	C. C.	digala d a cas	e	intita f	g	g	h	· i · · ·
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	***************************************		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$2,448,193	\$1,253,489	\$0	\$233,916	\$148,864	\$206,817	\$397,926	\$113,081	\$94,100	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$44,144)	(\$2,500)	\$0	(\$600)	\$0	\$1,342	(\$42,386)		(\$21,413)	\$21,413
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,404,049	\$1,250,989	\$0	\$233,316	\$148,864	\$208,159	\$355,540	\$113,081	\$72,687	\$21,413
8	Total Nursing Facility Days As Filed Days = 16,572	FY12 Audited C/R Days	16,572									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,786	FY 18 GL-PL Ins Rpt Days								14,786		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.89	\$75,49	\$0.00	\$14.08	\$21.54	(with L&H)	\$21,45	\$7.65	\$4,39	\$1.29
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5606</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.37								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$48.37	\$0.00	\$14.08	\$21.54		\$21.45	\$7.65	\$4.39	\$1.29
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.10	\$48.37	\$0.00	\$14.08	\$21.54		\$20,56	\$7.65	8.61 (FRV)	\$1.29
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$13.98	EC 47	e0.00	04.00	***	• • • • • • • • • • • • • • • • • • • •				
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + En 15	\$13.98	\$6.47 \$54.84	\$0.00 \$0.00	\$1,88 \$15.96	\$2.88 \$24.42	\$0.00 \$0.00	\$2.75 \$23.31	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$130.08	\$54.64 1.4672	φυ.υυ	\$15.90	\$24,42	\$0.00	\$23,3T	\$7.65	\$8.61	\$1.29
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x En 17		\$80,46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.70	\$80.46	\$0.00	\$15.96	\$24,42	\$0.00	\$23.31	\$7,65	\$8.61	\$1.29
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.43	\$4,43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$25.10	\$7.37	\$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	\$186.80	\$87.83	\$0.00	\$16.18	\$24.83	\$0.00	\$40.41	\$7.65	\$8.61	\$1.29
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$127.28								······································	

	ovider: Quiet Oaks Health Care Center ovdr ID: 00370851A Case Mix Per Diem Rate Effective Date:	10/1/2019		Percentages owth Allowance: trly BIMS score	Facility Score N/A 53.2%	Add-on Percent 13.37% 5.5%	Cas		CMI) Data I Overall CMI: Medicaid CMI;		Facility Specific 1.2112 1.4802	State- wide 1.3617 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:		er On-Site Day/Q		2.85	2.0%	Ortrly Moaid		Wight Options:		1.5096	1.4694
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	enico	Salatan f Silatan	g	i dina galibin	alibiria h illeanna	1
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		4	1	2	1	1	1			
Ι.	Type of Facility within Peer Group	(see Folicy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
"	Emidency weasone meximums (see line 20 for addan)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,924,434	\$1,412,018	\$0	\$363,070	\$250,246	\$301,794	\$458,107	\$76,642	\$62,557	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$66,033)	(\$1,698)	\$0	(\$1,501)	(\$2,268)	\$1,578	(\$61,577)		(\$32,836)	\$32,269
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,858,401	\$1,410,320	\$0	\$361,569	\$247,978	\$303,372	\$396,530	\$76,642	\$29,721	\$32,269
8	Total Nursing Facility Days As Filed Days = 22,301	FY12 Audited C/R Days	22,301									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 22,006	FY 18 GL-PL Ins Rpt Days								22,006		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$128.21	\$63.24	\$0,00	\$16,21	\$24.72	(with L&H)	\$17.78	\$3.48	\$1.33	\$1.45
10	Base Period Facility Case Mix Index for All Residents	from 4 atrs of FY12		<u>1.2112</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52.21								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOlhr = 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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.08	\$52.21	\$0.00	\$16.21	\$23,09		\$17.78	\$3.48	9,86	\$1.45
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.62	\$6.98	\$0.00	\$2.17	\$3,09	\$0.00	\$2,38	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	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		1.5096								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x Ln 17		\$89.35								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168.86	\$89.35	\$0.00	\$18,38	\$26.18	\$0.00	\$20.16	\$3.48	\$9.86	\$1,45
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.91	\$0,53 \$4,91	30,00	50.22	φυ. 00	ŞU.00	φυ.31		3 0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1,79	\$1,79								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$ 1,13					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.92	\$7.23	\$0,00	\$0,22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	in 19 + ln 24	\$193.78	\$96.58	\$0.00	\$18.60	\$26.18	\$0.00	\$37.63	\$3.48	\$9.86	\$1,45
<u> </u>			\$1,55.76	430.36	\$0.00	310.00	φ 2 0,10	\$v.00	301.00	\$3.40	\$3.00	\$1.45

\$132.51

(Ln 25 - Ln 23) * 0,75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Quarterly Case Mix Per Diem Calculation

FINAL

	norial Health Care Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	Sources /		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive: Routine Services	Facility Score N/A 22.1% 3.57 Special Services	Add-on Percent 13.37% 1.0% 3.0%		Quarter Icaid CMI w RU Plant Operatos	iod Overall CMI: iy Medicaid CMI: G Wght Options: Admin and		Facility Specific 1.2702 1.2428 1.2631 Property and	State- wide 1.3617 1.4446 1.4694 Taxes and
#	a pine	Calculations	<u> </u>	b	6	d	e	& Maint	General		Related	Insurance
OACE MIN DACED CATE	CALCULATIONS		a	U :		L u	e		<u> </u>	1 :		<u>, </u>
Type of Facility Bed Size Rang Peer Group Standar Peer Group Standar Peer Group Standar Peer Group Standar Efficiency Measure Per Diem Costs and GL-PL- Insurance Company Total Nursing Facility Standard Per Diem Allowed @ 95% of Growth Allowance CMA Allowad Per Diem Quarterly Facility Company Research Researc	roups per Selected Options by within Peer Group ge within Peer Group ge within Peer Group gets & Efficiency Measure Limits gets: Percentile gets: Multiplier gets: (Maximums) deta Add-ons Costs lity Days GlPL Ins. Rpt (After CMA for Routine Srvcs)	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$146.70 \$16.97 \$163.96	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.2631 \$97.27	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 0.29	\$19.72 \$19.72 \$19.72 (FRV Rate)	\$0.09 \$0.09
Quarterly Per Die BIMS Add-on Per D Nurse Staff Hrs / Q	Quality Add-on Per Diem = 3.0%		\$184.22 \$0.97 \$2.92	\$97.27 \$0.97 \$2.92		\$19.83	\$24.87		\$22.14	\$0.29	\$19.72	\$0.09
Nursing Home Pro	vider Fee Diem Add-On Amounts		\$17.10 \$20.99						17.10			
	Based Per Diem Rate		\$205.21	\$101.17		\$19.83	\$24.87		\$39.24	\$0.29	\$19.72	\$0.09
	Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$141.08										

1	vider: Regency Park Header ID: 00837207A	ealth Care Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19		wth Allowance: trly BIMS score	Facility Score N/A 12.1% 4.20	Add-on Percent 13,37% 0,0% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI; Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Woht Options:	Facility <u>Specific</u> 1.4547 1.3914 1,4167	State- wide 1,3617 1,4446 1,4694
Line #	Description		the first of the contract of the contract	urces / Totals	Routine	Special Services	Dietary	Laundry & Plant Admin A&G-GL- Houskpng & Maint General Insurance	PL Property	Taxes and Insurance

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12.2			a	illiano binancia	c	ď	е	ologiskýc f Albacog	ling garai	g	ing katalog h arana da s	
2	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,119,462	\$3,567,704	\$0	\$675,301	\$331,978	\$411,925	\$644,456	\$10,006	\$478,092	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$16,132)	(\$1,606)	\$0	(\$2,389)	\$0	\$0	(\$14,526)		(\$486)	\$2,875
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,103,330	\$3,566,098	\$0	\$672,912	\$331,978	\$411,925	\$629,930	\$10,006	\$477,606	\$2,875
8	Total Nursing Facility Days As Filed Days = 34,984	FY12 Audited C/R Days	34,984									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,329	FY 18 GL-PL ins Rpt Days								33,329		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$174,47	\$101.94	\$0.00	\$19.23	\$21.26	(with L&H)	\$18.01	\$0.30	\$13.65	\$0.08
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4547								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	La 9 / La 10		\$70,08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$70.08	\$0.00	\$19.23	\$21.26		\$18.01	\$0,30	\$13.65	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits	į	\$71.51	\$0,00	\$18.41	\$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	\$0.08
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.08	\$9.37	\$0.00	\$2.46	\$2.84	\$0.00	\$2.41	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$165.69	\$79.45	\$0.00	\$20.87	\$24.10	\$0.00	\$20.42	\$0.30	\$20,47	\$0.08
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.4167								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$198.80	\$112.56	\$0.00	\$20.87	\$24.10	\$0,00	\$20.42	\$0.30	\$20.47	\$0.08
	Quarterly Per Diem Add-on Amounts										:	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0,00	\$0.41	\$0.00	\$0.37		\$0.00	ŀ
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.38	\$3.38								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.79	\$3.91	\$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	\$220.59	\$116.47	\$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 - l,n 23) * 0,75	\$152.62							I		

Pro	ovider: Rehabilitation Cente	er of South Georgia		Add-on Data and P	ercentanes	Facility Score	Add-on Percent	Cas	se Mix Index (0	"MI\ Data		Facility Specific	State- wide
	/dr ID: 00143283A	., o. coa coo.g.a			th Allowance:	N/A	13.37%	Vac	•	i Overall CMI:		1.1416	1.3699
	•	Case Mix Per Diem Rate Effective Date:	10/01/19	Qtr	ly BIMS score	45,3%	5.5%		Quarterly N	Medicaid CMI:		1.5350	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours (per On-Site Day/Qu	ality Incentive:	3.90	3.0%	Ortrly Moaid	CMI w RUG \	Nght Options:		1.5633	1.4694
					Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line #	Description		Sources / Calculations	Totals	Services	Services	Dietary	Houskpag	Operains	and	Insurance	and	and
#			Calculations	_		_			& Maint	General		Related .	Insurance
				a	b	c	d	е	f	g	g	h	í
CA	ISE MIX BASED RATE CALCU	JLATIONS											
1	Cost Center Peer Groups		(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group				All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
	Bed Size Range within Peer Group				All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency	Measure Limits											
2 .	Peer Group Standards: Percentile Peer Group Standards: Multiplier		(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see	line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amor	unte											
5	As Filed Cost Center Costs (Routine		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		FY13 C/R Audit Adjstmts	(\$66,287)	\$0	\$0	•	\$0	\$0	(\$66,287)	401,000	(\$36,614)	\$36,614
7	Cost Center Costs After Audit Adjust		FY13 Audited C/R		\$2,545,880	\$0		\$489,792	\$206,199	\$621,306	\$87,638	\$101,344	\$36,614
8	Total Nursing Facility Days	As Filed Days = 35,948	FY13 Audited C/R Days	35,948									
	Total Nursing Facility Days GL-PL	Ins. Rpt As Filed Days = 52,600	FY 18 GL-Pt, Ins Rpt Days								52,600		
9	Net Per Diems prior to Case Mix Adj	stmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$127.32	\$70.82	\$0,00	\$14,35	\$19.36	(with L&H)	\$17.28	\$1.67	\$2.82	\$1.02
10	Base Period Facility Case Mix Inde	ex for All Residents	from 4 qtrs of FY10		1.1416								
11	Routine Srvcs Case Mix Adjstd (C	MA) Net Per Diem	Ln 9 / Ln 10		\$62.03								
12	Net Per Diems after Case Mix Adjstn	nt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62,03	\$0.00	\$14,35	\$19.36		\$17.28	\$1.67	\$2.82	\$1.02
13	Per Diem Standards (After Statewide C	CMA for Routine Srvcs)	per Peer Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allov	wed Per Diem	Lesser of Ln 12 or Ln 13	\$124.41	\$62.03	\$0.00	\$14.35	\$19.36		\$17.28	\$1.67	8.70	\$1.02
	Quarterly Per Diem Rate Prior to Add	d-ons										(FRV)	
15	Growth Allowance Percentage =	13.4%	Ln 14 x Grwth Allwnc %	\$15.1 1	\$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 f	or Medicaid Residents	per Current Qtr End		1.5633								
18	Ortrly Routine Srvcs Case Mix Adj	std (CMA) Net Per Diem	Ln 16 x Ln 17		\$109.93								
19	Quarterly Medicaid CMA Allowed Per	r Diem	RS = Ln 18, AllOthr = Ln 16	\$179.13	\$109,93	\$0.00	\$16.27	\$21.95	\$0.00	\$19.59	\$1.67	\$8.70	\$1.02
	Quartérly Per Diem Add-on Amounts	s											
20	Efficiency Add-on Per Diem ([Stnd -	Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0,00	
21	BIMS Add-on Per Diem =	5,5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.05	\$6.05								
22	Nurse Staff Hrs / Quality Add-on Per	Diern = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.30	\$3.30								
23	Nursing Home Provider Fee		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diern Add-on Am	ounts	Sum of Lns 20 thre 23	\$27.98	\$9.88	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem	Rate	Ln 19 + Ln 24	\$207.11	\$119.81	\$0.00	\$16.49	\$22,36	\$0.00	\$37.06	\$1.67	\$8.70	\$1.02
26	Quarterly Per Diem Rate for Bed Ho	ld and Leave Days	(Ln 25 - Ln 23) * 0.75	\$142.51									
	•	-	•										

				Facility	Add-on		Facility	State-
Provider;	Reliable Health and Rehab		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	wide
Prvdr ID:	321026473A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.4077	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	36.4%	2.5%	Quarterly Medicaid CMI:	1.3472	1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.37	3.0%	Qrirly Mcaid CMI w RUG Wght Options:	1.3692	1.4694

mbb a Noise IIIs bata per quaries chang.	14uise Hours pe	on-one Daylo		3.31	3.076	QIIIIy WCZIU	CIVII W MOG V	rvgiit Options.		1.3032	1,4054
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		aa	season bearing	c	d	e	işavgı f sidesi	and angresses	g	Million (house)	garay i sagy
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	01001000	20 700 000			****	****				
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	'	\$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 7 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$59,101)	(\$11,188)	\$0 \$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)	[[(\$52,872)	\$61,279
7 Cost Center Costs After Audit Adjustments 8 Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	\$4,902,887 33,132	\$2,770,844	30	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days	33,132							30,538		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln.7/Ln.8 Cola	\$148.28	\$83,63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22,60	\$3,79	\$0.64	\$1.85
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$140.20	1.4077	\$0.00	\$13.22	\$22,55	(Willi LGF1)	\$22,00	\$3.19	\$0.04	\$1.65
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$59.41								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$59,41	\$0,00	\$13.22	\$22.55		\$22.60	\$3.79	\$0.64	\$1.85
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	\$0.00	\$1.05
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
		V 101.01				U.C. .00		420.00	400	(FRV)	Ų
Quarterly Per Diem Rate Prior to Add-ons											
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$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)	in 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 QIr End		<u>1.3692</u>								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92.22								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.31	\$92.22	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.15	\$0.53	\$0.00	\$0.22	\$0,40	\$0.00	\$0,00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivcs)	Ln 19 Col b x Strng 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 Las 20 thru 23	\$23.33	\$5.61	\$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	\$195.64	\$97.83	\$0.00	\$15.21	\$25.96	\$0.00	\$40.41	\$3.79	\$10.59	\$1.85
26 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.91						·	·		AI

	ovider: Reliable Health and Rehab vdr ID: 321026473A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		with Allowance: trly BIMS score		Add-on <u>Percent</u> 13,37% 2,5% 3,0%			d Overall CMI: Medicald CMI;		Facility <u>Specific</u> 1.4077 1.3472 1.3692	State- wide 1.3617 1.4446 1.4694
ine #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			Alle Services)	Ċ	d d	е	militei fillinitti	g	g	<u>registrate</u> h ornessinsi	Alleich I vervie
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts										İ	
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days							ļ	30,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.28	\$83,63	\$0.00	\$13.22	\$22.55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077							i	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41						1	i	

4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,961,988	\$2,782,032	\$0	\$438,074	\$316,624	\$446,220	\$789,327	\$115,774	\$73,937	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$59,101)	(\$11,188)	\$0	\$0	(\$4,484)	(\$11,377)	(\$40,459)		(\$52,872)	\$61,279
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,902,887	\$2,770,844	\$0	\$438,074	\$312,140	\$434,843	\$748,868	\$115,774	\$21,065	\$61,279
8	Total Nursing Facility Days As Filed Days = 33,132	FY12 Audited C/R Days	33,132									
l	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,538	FY 18 GL-PL Ins Rpt Days								30,538		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.28	\$83.63	\$0.00	\$13.22	\$22,55	(with L&H)	\$22.60	\$3.79	\$0.64	\$1.85
11	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4077								
1	1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$59.41								
1:	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$59.41	\$0.00	\$13.22	\$22,55		\$22.60	\$3.79	\$0.64	\$1.85
1:	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	\$0.00	
1.	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)	
1:	Quarterly Per Diem Rate Prior to Add-ons 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		
10		Ln 14 + Ln 15	\$15.47	\$67,35	\$0.00	\$1.77					N/A	N/A
1		per Current Qtr End	\$147.44		\$0.00	\$14,99	\$25.56	\$0.00	\$23.31	\$3.79	\$10.59	\$1.85
11		Ln 16 x Ln 17		1.3692								
1	, , , , , , , , , , , , , , , , , , , ,			\$92.22			****	***	****		*	*
15	9 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$172.31	\$92.22	\$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	
2	1 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31								
2:	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.77	\$2.77								
2:	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			-
2.	4 Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$23.33	\$5,61	\$0,00	\$0.22	\$0.40	\$0.00	\$17.10	\$0.00	\$0.00	\$0,00
2	5 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.64	\$97.83	\$0.00	\$15.21	\$25.96	\$0.00	\$40.41	\$3.79	\$10.59	\$1.85
28	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$133.91									

1	rovider: Renaissance Care and Rehab Center rvdr ID: 00141754A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: htrly BIMS score	31.0%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.5068 1.4906 1.5166	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurence
			200 3 100 100	(CONTRACTOR	Committee Committee	d	е	Marie Tarres	ee negation	Sind garden	h	merca 1 pp.s.
<u></u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
7		(see Policy Manual)		\$0.53	\$0.00	\$0.22	30,41		\$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,386,844	\$3,133,899	so.	\$633,824	6207.640	\$383,833	64 404 604	6074 007	6554.000	***
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$704,220)	(\$113,058)	\$0 \$0	(\$8,120)	\$307,648 (\$52,134)	(\$92,943)	\$1,401,624 (\$302,407)	\$971,207	\$554,809 (\$189,527)	\$0 \$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 \$53,969
8	Total Nursing Facility Days As Filed Days = 51,721	FY12 Audited C/R Days	51,744	\$0,020,041	1	4025,104	4200,014	4250,050	\$1,033,Z11	Ψ37 1,207	\$505,202	\$35,505
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,450	FY 18 GL-PL Ins Rpt Days								44,450		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.22	\$58,38	\$0.00	\$12.09	\$10.56	(with L&H)	\$21,24	\$21,85	\$7.06	\$1.04
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5068		,		, ,		1-7,1-1	*****	V
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$38.74								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$38.74	\$0.00	\$12.09	\$10,56		\$21.24	\$21.85	\$7.06	\$1,04
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.02	\$38.74	\$0.00	\$12.09	\$10.56		\$20.56	\$21.85	7.18	\$1.04
	Outsided, Des Diese Bake Brisses Add and										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.96	\$5.18	\$0.00	\$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		1.5166	00.00	0.0	4.1.51	Ψ0.00	\$20.01	V2.1.00	97.10	V1.04
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$66,61								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145.67	\$66.61	\$0,00	\$13.71	\$11.97	\$0.00	\$23.31	\$21.85	\$7.18	\$1.04
	Ougstady Pay Diam Add on Amounts											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.67	\$0.53	\$0.00	\$0.22	30,41	\$0.00	\$0.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.00	\$2.00								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	\$2,,50					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,93	\$4,20	\$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	\$167.60	\$70.81	\$0,00	\$13.93	\$12.38	\$0.00	\$40.41	\$21.85	\$7.18	\$1.04
			I									¥

\$112.88

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	rovider: Resorts at Pooler rvdr ID: 00238741A		Add-on Data and Gro	Percentages owth Allowance:	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index (i Base Perio	CMI) Data d Overall CMI:		Facility Specific 1.2677	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19 Nurse Hours pe	Q er On-Site Day/Q	trly BIMS score uality Incentive:	28.3% 3.57	1.0% 3.0%	Qrtriy Mcaid		Medicaid CMI: Wght Options:		1.4717 1.4990	1.4446 1.4694
Line #	Description .	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			а	History business	C	ď	e	\$1960 1 5902	g	g	Berey-B h aderica	defeigiga I seeme
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
3 4	Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,195,527	\$1,996,140	\$0	\$504,049	\$280,057	\$191,416	\$507,320	\$243,102	\$473,443	sc
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$49,370)	(\$7,258)	\$0	\$0	(\$603)	(\$412)	(\$36,399)		(\$50,954)	\$46,256
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,146,157	\$1,988,882	\$0	\$504,049	\$279,454	\$191,004	\$470,921	\$243,102	\$422,489	\$46,256
8	Total Nursing Facility Days As Filed Days = 29,678	FY12 Audited C/R Days	29,678									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,375	FY 18 GL-PL Ins Rot Days								27,375		-
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$140,40	\$67.02	\$0.00	\$16.98	\$15.85	(with L&H)	\$15,87	\$8.88	\$14.24	\$1.56
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12		<u>1.2677</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$52,87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$52,87	\$0,00	\$16.98	\$15.85		\$15,87	\$8.88	\$14.24	\$1.56
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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	4.52.00	1.4990	45,05			\$5.00	\$17.55	\$0,00	42.07	J1.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17	1	\$89.85								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$162.57	\$89.85	\$0.00	\$19.25	\$17.97	\$0.00	\$17.99	\$8,88	\$7.07	\$1.56
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,90	\$0.90								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x 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	\$22.23	\$4.13	\$0,00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$184.80	\$93.98	\$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	(i.n 25 - i.n 23) * 0.75	\$125.78				1	1		······································		

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Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	<u>wide</u>
Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.3042	1,3617
Qtrly BIMS score	38.2%	2.5%	Quarterly Medicaid CMI:	1.4644	1.4446
lurse Hours per On-Site Day/Quality Incentive:	3.24	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.4883	1.4694
ı	Qtrly BIMS score	Add-on Data and Percentages Score Growth Allowance: N/A Qtrly BIMS score 38.2%	Add-on Data and Percentages Score Percent Growth Allowance: N/A 13.37% Qtrly BIMS score 38.2% 2.5%	Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Growth Allowance: N/A 13.37% Base Period Overall CMI: Qtrly BIMS score 38.2% 2.5% Quarterly Medicaid CMI:	Growth Allowance: N/A 13.37% Base Period Overall CMI: 1,3042 Qtrly BIMS score 38.2% 2.5% Quarterly Medicaid CMI: 1,4644

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Line #	Description	Sources I Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
111712			Here a Hills	-	C	entres d e ligital	e	(100-101 f (100 cm)	gas grissi	g	jakistäälää h rjavagjiss	::::::::::::::::::::::::::::::::::::::
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot						_				
1	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	i '	\$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 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$21,808)	(\$997)	\$0 \$0	(\$2,486)	\$0	\$0	(\$20,811)		(\$487)	\$2,973
8	Total Nursing Facility Days As Filed Days = 34,794	FY12 Audited C/R Days	\$5,168,175 34,794	\$3,024,955	30	\$551,474	\$367,214	\$335,603	\$533,759	\$10,206	\$341,991	\$2,973
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,238	FY 18 GL-PL Ins Rpt Days	34,754							36,238		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	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 girs of FY12	41,0.00	1.3042	40.00		Q2.0.2.0	ino con	\$10.04	\$0.20	35,03	\$0.05
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$66,66		·						
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66,66	\$0.00	\$15.85	\$20.20		\$15.34	\$0,28	\$9.83	\$0.09
13	Per Diem Standards (After Statewide CMA for Routine Stvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	40.00
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	\$0.09
											(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwing %	\$15.78	60.04	\$0.00	60.40	60.70	60.00	20.05			
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$15.76 \$142.21	\$8.91 \$75.57	\$0.00	\$2,12 \$17,97	\$2.70 \$22.90	\$0.00 \$0.00	\$2.05 \$17.39	N/A \$0,28	N/A \$8.01	N/A \$0.09
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3142.21	1.4883	\$0.00	\$17,97	\$22.50	\$0.00	\$17.39	\$0.28	\$8.01	\$0.09
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$112.47								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$179,11	\$112.47	\$0.00	\$17.97	\$22.90	\$0.00	\$17.39	\$0.28	\$8.01	\$0,09
	Overdedu Ben Biene Add on Assessed							·		-		
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,81	\$2.81	\$0.00	30.22	\$0.41	\$0.00	\$0.57		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stress)	Ln 19 Col b x Sting Add-on	\$3,37	\$3,37								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	40,01					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.81	\$6,71	\$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	\$203.92	\$119.18	\$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	\$140.12			II			1			

Facility Add-on Facility State-River Towne Center Provider: Score Percent Add-on Data and Percentages Case Mix Index (CMI) Data Specific wide Prvdr ID: 00082684A Growth Allowance: N/A 13,37% Base Period Overall CMI: 1.4711 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2019 Quarterly Medicaid CMI; Otrly BIMS score 50.0% 5.5% 1.7944 1,4446 MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 2.96 2.0% Ortrly Meaid CMI w RUG Wight Options: 1.8284 1.4694

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b e	· · · · · · · · · · · · · · · · · · ·	ile de de la la la la la la la la la la la la la	isympto e il distrib	Bereit f amilie	g	g in	waga yala h i jila ina	n. 11.11 11.11
c	ASE MIX BASED RATE CALCULATIONS											
-	Cost Center Peer Groups	(B.F. 14 B		1	1		_	1	4			
	Cost Center reer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
1	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,579,475	\$3,742,499	\$0	\$789,011	\$419,448	\$517,410	\$1,724,757	\$75,197	\$311,153	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$767,781)	(\$75,410)	\$0	(\$1,345)	\$2,452	(\$28,977)	(\$670,810)		(\$44,706)	\$51,015
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,811,694	\$3,667,089	\$0	\$787,666	\$421,900	\$488,433	\$1,053,947	\$75,197	\$266,447	\$51,015
8	Total Nursing Facility Days As Filed Days = 59,741	FY12 Audited C/R Days	59,753									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,467	FY 18 GL-Pt Ins Rpt Days								34,467		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$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		<u>1.4711</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$41.72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$41.72	\$0.00	\$13.18	\$15.23		\$17.64	\$2.18	\$4.46	\$0.85
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.26	\$41,72	\$0.00	\$13.18	\$15.23		\$17,64	\$2.18	7.46 (FRV)	\$0.85
	Quarterly Per Diem Rate Prior to Add-ons										[FKV]	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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)	i.n 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 Qlr End		1.8284								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.48								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$149.18	\$86.48	\$0.00	\$14.94	\$17.27	\$0.00	\$20.00	\$2.18	\$7.46	\$0.85
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - 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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4,76	\$4,76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	En 19 Col b x Strng Add-on	\$1,73	\$1,73								
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	\$25.12	\$7.02	\$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	\$174.30	\$93.50	\$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	\$117.90			·		······				

				Facility	Add-on		Facility	State-
Providen	Riverdale Place Care and Rehab		Add-on Data and Percentages	Score	_Percent_	Case Mix Index (CMI) Data	Specific	wide_
Prvdr ID:	00083289A		Growth Allowance;	N/A	13,37%	Base Period Overall CMI;	1.5593	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	45.8%	5.5%	Quarterly Medicaid CMI:	1.3599	1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	2.66	3.0%	Ortrly Mcaid CMI w RUG Wight Options:	1.3823	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1111			a	300 (b) (b)	in crime	334545 d 44460	2. 10 m e 10 m m	1920100 f 2022223	g g	g	h	latena i relae
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											İ
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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	\$D	\$679,630	\$329,033	\$450,179	\$1,362,617	\$77,587	\$767,931	\$43,818
8	Total Nursing Facility Days As Filed Days = 52,850	FY12 Audited C/R Days	52,862									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 50,021	FY 18 GL-PL Ins Rpt Days								50,021		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132.00	\$61.71	\$0.00	\$12.86	\$14.74	(with L&H)	\$25,78	\$1.55	\$14,53	\$0.83
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5593								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39,57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$39,57	\$0.00	\$12.86	\$14.74		\$25.78	\$1.55	\$14.53	\$0.83
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$98.90	\$39.57	\$0.00	\$12.86	\$14.74		\$20,56	\$1.55	8.79	\$0.83
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$11.73	\$5.29	\$0.00	\$1.72	\$1.97	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$110.63	\$44.86	\$0.00	\$14.58	\$16.71	\$0,00	\$23,31	\$1.55	\$8.79	\$0.83
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.3823								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$127.78	\$62.01	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$3.41	\$3,41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.86	\$1,86								
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	\$23,53	\$5,80	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$151.31	\$67.81	\$0.00	\$14.80	\$17.12	\$0.00	\$40.41	\$1.55	\$8.79	\$0.83
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$100.66									

					Facility	Add-on		Facility	State-
Pı	rovider:	Riverside Health & Rheab of Thomaston		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
P	rvdr ID:	00140346A		Growth Allowance:	N/A	13.37%	Base Period Overatt CMI:	1.1990	1.3617
		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	54.6%	5.5%	Quarterly Medicaid CMI:	1.4798	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.60	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1,5056	1.4694

Second Continue	Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatris & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
Cost Center Peer Groups Cost Center Peer	.11:11:			::::::::::::::::::::::::::::::::::::::		С	d d	e e e	1000 1000 1000 1000	g	g	asaisi paa h gii saida s	erike I
Page of Pacific youthin Pres Croppy All Pacificities All Pacific	<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
2 Pere Group Standarder, Pracentile (see Policy Manual) (see Polic	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Routine & Special Sirves Combinet)	3	Peer Group Standards; Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Audit Adjustments and Reallocations to Cost Center Costs F112 CIR Audit Adjustments \$13,950 \$0 \$0 \$1,957 \$0 \$21,00 \$1,921,998 \$0 \$0 \$1,921,998 \$0 \$0 \$1,921,998 \$0 \$0 \$1,921,998 \$0 \$0 \$0 \$0,000													
Cost Center Costs After Audit Adjustments		· · · ·		\$3,768,047	\$1,921,998	1	\$433,814	\$281,964	\$209,067	\$568,282	\$69,795	\$283,127	\$0
8 Total Nursing Facility Days As Filed Days = 26,092 FY 18 GL-PL lins Rpt Days 1761 Nursing Facility Days GL-PL lins. Rpt As Filed Days = 24,564 FY 18 GL-PL lins Rpt Days 1 Lin 7 Lin 6 Cola 1 Lin 7			•		1		1 ' '		• •	1			\$21,018
Total Nursing Facility Days GL-PL Ins. Rpt. As Filed Days = 24,564 9 Net Per Diems prior to Case Mix Adjetint to Routine Srives 1 Ln 7 Ln 8 Col a \$143,86 \$73,66 \$0.00 \$16,56 \$18.82 \$(with Let t) \$21,11 \$2,84 \$10.06 \$30. Base Period Facility Case Mix Adjetint to Routine Srives 1 Routine Srives Case Mix Adjetint to Routine Srives 1 Routine Srives Case Mix Adjetint to Routine Srives 1 Per Diem Standards (After Statewide CMA for Routine Srives) 1 Per Diem Standards (After Statewide CMA for Routine Srives) 2 Per Diem Standards (After Statewide CMA for Routine Srives) 3 Per Diem Standards (After Statewide CMA for Routine Srives) 4 Base Period Case Mix Adjusted Allowed Per Diem 4 Lester of Ln 12 er Ln 13 \$130,52 \$501,44 \$0.00 \$16,56 \$18,82 \$21,11 \$2,84 \$10.06 \$0. Quarterly Per Diem Rate Prior to Add-ons 5 Crivolth Allowance Percentage = 13,37% 5 Crivolth Allowance Percentage = 13,37% 5 Crivolth Allowance Percentage = 13,37% 6 Ln 14 x Grivith Allowance Morane Add-on) 7 Quarterly Facility Case Mix Moder for Medicaid Residents 9 Per Overent Off End 1 1,0055 1 Standard (After Statewide CMA Per Diem Allowance Add-on) 1 Ln 14 x Grivith Allowance Morane Add-on) 1 Curting Facility Case Mix Moder for Medicaid Residents 9 Per Overent Off End 1 1,0055 1 Standard (After Statewide CMA Allowance Add-on) 1 Curting Facility Case Mix Moder for Medicaid Residents 9 Per Overent Off End 1 1,0055 1 Standard (After Statewide CMA Allowance Add-on) 1 Curting Facility Case Mix Adjusted (CMA) Net Per Diem 1 Ln 15 x Ln 17 1 Standard 1 Quarterly Medicaid CMA Allowance Add-on Amounts 2 Efficiency Add-on Per Diem (Bind - Alwely X.75, up to max, or 0) 2 Efficiency Add-on Per Diem (Bind - Alwely X.75, up to max, or 0) 2 Nurse Staff Hrs / Quality Add-on Per Diem (Bind - Alwely X.75, up to max, or 0) 3 Nursing Home Provider Fee		• • • • • • • • • • • • • • • • • • • •			\$1,921,998	\$0	\$432,182	\$281,964	\$209,067	\$550,706	\$69,795	\$262,367	\$21,018
9 Net Per Diems prior to Case Mix Adjustnat to Routine Srvcs Ln 7 / Ln 8 Col a from 4 qus of FY12 1.1990 Routine Srvcs Case Mix Adjustnat to Routine Srvcs Residents Routine Srvcs Case Mix Adjustnat to Routine Srvcs Residents	8		•	26,092									
Base Period Facility Case Mix Index for All Residents from 4 qrs of FY12 1.1990 S61.44 S0.00 S16.56 S18.82 S21.11 S2.84 S10.05 S0.	_		, ,								1 1		
Routine Srives Case Mix Adjistit (CMA) Net Per Diem		-		\$143.86	1	\$0.00	\$16.56	\$18.82	(with L&H)	\$21,11	\$2.84	\$10.06	\$0.81
12 Net Per Diems after Case Mix Adjusted to Routine Srvcs					. —								
Per Diem Standards (After Statewide CMA for Routine Sirves)		* * *			1								
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$130.52 \$61.44 \$0.00 \$16.56 \$18.82 \$20.56 \$2.84 \$9.49 \$0. Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allown % 16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$146.21 \$59.65 \$0.00 \$18.77 \$21.34 \$0.00 \$22.11 \$2.52 \$0.00 \$2.75 N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A		·			1	\$0.00	\$16.56	\$18,82		\$21.11	\$2.84	\$10.06	\$0.8
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37%		· · · · · · · · · · · · · · · · · · ·	· ·				1 1				\$0.00		
Quarterly Per Diem Rate Prior to Add-ons Crowth Allowance Percentage = 13.37% Ln 14 x Grivith Allowance Water Growth Allowance Percentage = 13.37% Ln 14 x Grivith Allowance Water Growth Allowance Add-on) Ln 14 + Ln 15 S16.69 S8.21 S0.00 S2.21 S2.52 S0.00 S2.75 N/A N	14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.52	\$61.44	\$0.00	\$16.56	\$18,82		\$20,56	\$2.84		\$0.8
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$146.21 \$59.65 \$0.00 \$18.77 \$21.34 \$0.00 \$23.31 \$2.84 \$9.49 \$0. Quarterly Facility Case Mix Index for Medicaid Residents Quarterly Redicaid CMA Allowed Per Diem Cuarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$181.43 \$104.87 \$0.00 \$18.77 \$21.34 \$0.00 \$23.31 \$2.84 \$9.49 \$0. Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem (IStad - Alway x.75, up to max, or 0) BIMS Add-on Per Diem = \$5.5% (to Routine Srvcs) Ln 19 Cot b x String Add-on \$3.15 \$3.15 Nursing Home Provider Fee (Fixed Amount) Nursing Home Provider Fee (Fixed Amount) Sum of Lns 20 thru 23 \$27.18 \$9.45 \$0.00 \$18.99 \$21.75 \$0.00 \$40.41 \$2.84 \$9.49 \$0.		Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Otr End Quarterly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 S104.87 S104.	15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$15.69	\$8.21	\$0.00	\$2.21	\$2.52	\$0.00	\$2,75	N/A	N/A	N/A
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$181.43 \$104.87 \$0.00 \$18.77 \$21.34 \$0.00 \$22.331 \$2.84 \$9.49 \$0.00 \$23.31 \$2.84 \$9.49 \$0.00 \$23.31 \$2.84 \$9.49 \$0.00 \$20 Efficiency Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) Efficiency Add-on Per Diem = 5.5% (to Routine Srvs) In 19 Col b x CPS Add-on \$3.15 \$0.00 \$	16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Lπ 15	\$146.21	\$69,65	\$0.00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9.49	\$0.8
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$181.43 \$104.87 \$0.00 \$18.77 \$21.34 \$0.00 \$23.31 \$2.84 \$9.49 \$0. Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$20.00 \$18.77 \$21.34 \$0.00 \$0	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5056								
Quarterly Per Diem Add-on Amounts Quarterly Per Diem Add-on Amounts Sign of Lns 20 thru 23 Sign of Lns 20 thru 23 Sign of Lns 20 thru 23 Sign of Lns 20 thru 23 Sign of Lns 20 thru 23 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 24 Sign of Lns 20 thru 25 Sign of Lns 20 thru 24 Sign of Lns 20 thru 25 Sign of Lns 20 t	18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$104,87								
20 Efficiency Add-on Per Diem ([Stnd-Ahwd] x.75, up to max, or 0) (see Policy Manual) \$1.16 \$0.53 \$0.00 \$0.22 \$0.41 \$0.00 \$0.0	19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.43	\$104,87	\$0,00	\$18.77	\$21.34	\$0.00	\$23.31	\$2.84	\$9,49	\$0.8
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$5.77 \$5.77 \$2. Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$3.15		Quarterly Per Diem Add-on Amounts											
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$5.77 \$5.77 \$2. Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x String Add-on \$3.15	20	l	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sives) Ln 19 Col b x String Add-on \$3.15 \$3.15 \$ Nursing Home Provider Fee (Fixed Amount) Total Quarterly Per Diem Add-on Amounts Ln 19 + Ln 24 \$208.61 \$114.32 \$0.00 \$18.99 \$21.75 \$0.00 \$40.41 \$2.84 \$9.49 \$0.00	21		Ln 19 Col b x CPS Add-on	\$5.77									
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.18 \$9.45 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0.20 25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$208.61 \$114.32 \$0.00 \$18.99 \$21.75 \$0.00 \$40.41 \$2.84 \$9.49 \$0.	22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.15	I								
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$27.18 \$9.45 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00 \$0. 25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$208.61 \$114.32 \$0.00 \$18.99 \$21.75 \$0.00 \$40.41 \$2.84 \$9.49 \$0.	23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	A STATE OF THE STA					\$17,10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$208.61 \$114.32 \$0.00 \$18.99 \$21.75 \$0.00 \$40.41 \$2.84 \$9.49 \$0.	24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.18	\$9.45	\$0.00	\$0.22	\$0.41	\$0,00		\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) ° 0.75 \$143.63	25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + £n 24	\$208.61	\$114.32	\$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 Davs	(Ln 25 - Ln 23) * 0.75	\$143,63		1	LI		<u> </u>	1	11.		1

State-

Facility

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

Facility

Add-on

	Provider:	Riverside Healthcare Cente	er			Add-on Data and P	ercentages	Score	Percent	Cas	e Mix Index (C	CMI) Data		Specific	wide
	Prvdr ID:	00140324A	lix Per Diem Rate Effective Date:	10/01/19			th Allowance:	N/A 34.7%	13.37%			Overall CMI:		1.4742	1.3699
	•		arse Hrs Data per Quarter Ending:		Nurse Hours	per On-Site Day/Qua	ly BIMS score ality Incentive:	3,40	2.5% 2.0%	Ortrly Moaid	Quarteny r I CMI w RUG I	viedicaid CMI; Nght Options;		1.3216 1.3431	1,4446 1,4694
		•								-					
Lir	1e			Sou	irces /	Totals	Routine	Special	Dietary	Laundry &	Plant Operatns	Admin and	A&G- GL-PL	Property and	Taxes and
#	‡	Description			ulations		Services	Services	,	Houskpag	& Maint	General	Insurance	Related	Insurance
		•				а	b	С	d	e	f	g	g	ħ	i
	CASE M	IIX BASED RATE CALCULATIO	NS												
1	CoctC	Contar Boor Groups		foon Deli	inu Manual)		1	1	2			4			
'		Center Peer Groups Type of Facility within Peer Group		(see Poli	icy Manual)		1 All Facilities	ı Ali Facilities	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
		Bed Size Range within Peer Group					All Bed Sizes	All Bed Sizes	All Bed Sizes		All Bed Sizes	All Bed Sizes			
	Peer G	Group Standards & Efficiency Measure I	Limits												
3		Group Standards: Percentile Group Standards: Multiplier		•	icy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4		iency Measure Maximums (see line 20 for a	octual)	•	icy Manual) icy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	D 5	Dested Des Diese Allacond Assessed													
6		Period Per Diem Allowed Amounts iled Cost Center Costs (Routine & Special S	Spice Combined)	As Filed	I 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
ě		t Adjustments and Reallocations to Cost C	•		Audit Adjstmts	(\$86,958)	\$0	\$0	\$0	\$0	\$0	(\$86,958)		(\$68,512)	\$68,512
7		Center Costs After Audit Adjustments	311.37 433.03		udited C/R	\$8,470,849	-	\$0	\$713,583	\$392,096		\$1,339,315		\$1,687,309	\$68,512
. 8		otal Nursing Facility Days	As Filed Days = 52,821	FY13 Audi	ted C/R Days	52,821								• • •	
	To	otal Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 52,896	FY 18 GL-P	'L Ins Rpt Days								52,896		
ξ	Net F	Per Diems prior to Case Mix Adjstmt to Ro	utine Srvcs	ln 7 / l	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
1	0 Ba	ase Period Facility Case Mix Index for All R	Residents	from 4 q	trs of FY10		1.4742								
1		outine Srvcs Case Mix Adjstd (CMA) Net P			/ Ln 10		\$46.79								
		Per Diems after Case Mix Adjstmt to Routin		-	, AllOthr = Ln 9		\$46.79	\$0.00	\$13.51	\$15.41		\$25,36	\$3.86	\$31.94	\$1.30
		Diem Standards (After Statewide CMA for Rou			Group Limits		\$73.90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	
1.	4 Base	Period Case Mix Adjusted Allowed Per D	iem	Lesser of L	.n 12 or Ln 13	\$112.49	\$46.79	\$0.00	\$13.51	\$15.41		\$23.46	\$3.86	8.16 (FRV)	\$1.30
	Quarte	erly Per Diem Rate Prior to Add-ons												(1114)	
1	5 Grow	vth Allowance Percentage = 1	3.4%	Ln 14 x Gr	wth Allwnc %	\$13.27	\$6.26	\$0.00	\$1.81	\$2.06	\$0.00	\$3.14	N/A	N/A	N/A
1	6 CMA	Allowed Per Diem (After Growth Allowance A	Add-on)	£n 14	+ Ln 15	\$125.76	\$53.05	\$0.00	\$15.32	\$17.47	\$0.00	\$26.60	\$3,86	\$8.16	\$1.30
1		uarterly Facility Case Mix Index for Medical		-	ent Qtr End		1.3431								
		trly Routine Srvcs Case Mix Adjstd (CMA)	Net Per Diem		ix Ln 17		\$71.25								
1	9 Quar	rterly Medicaid CMA Allowed Per Diem		RS = Ln 18,	AllOthr = En 16	\$143,96	\$71.25	\$0.00	\$15.32	\$17.47	\$0.00	\$26.60	\$3.86	\$8.16	\$1.30
	Quarte	erly Per Diem Add-on Amounts													
2	0 Effici	iency Add-on Per Diem ([Stnd - Alwd] x .75,	up to max, or 0)		icy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
2		S Add-on Per Diem =	2.5% (to Routine Srvs)		x CPS Add-on	\$1.78	\$1.78								
		e Staff Hrs / Quality Add-on Per Diem = 2	2.0% (to Routine Srvcs)		x Sting Add-on		\$1.43					A.= :-			
		ing Home Provider Fee		•	Amount) ns 20 thru 23	\$17.10	62.74	60.00	en 22	en 44	60.00	\$17.10		60.00	¢0.0 0
		Quarterly Per Diem Add-on Amounts				\$21.47	\$3.74	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10		\$0.00	\$0.00
2	5 Quarte	erly Case Mix Based Per Diem Rate		Ln 19) + Ln 24	\$165.43	\$74.99	\$0.00	\$15.54	\$17.88	\$0.00	\$43.70	\$3.86	\$8.16	\$1.30
2	6 Quarte	erly Per Diem Rate for Bed Hold and Le	ave Days	(Ln 25 - L	.n 23) * 0.75	\$111.25									

Quarterly Case Mix Per Diem Calculation

FINAL

					Facility	Add-on					Facility	State-
F	rovider: Riverview Health & Rehab Ctr		Add-on Da	ta and Percentages	Score	Percent		Case Mix Index			Specific	wide
F	Prvdr ID: 00040741A			Growth Allowance:	N/A	13.37%			iod Overali CMI:		1.2970	1.3617
l	H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/19		BIMS:	23.9%	1.0%			ly Medicaid CMI:		1.3028	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nur	se Hours per On-Site	Day/Quality Incentive:	3,83	3.0%	Qrtriy M	Icaid CMI w RU	G Wght Options:		1.3231	1.4694
_		4.0000000000000000000000000000000000000		Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskong	Operatns	and	Insurance	and	and
#	Description	Calculations		GETAICES	Gervices		1 to 63 kping	& Maint	General	modrance	Related	Insurance
į .			a	b	C	d	e	f	g		h	i
C/	ASE MIX BASED RATE CALCULATIONS				_						-	
	Cost Center Peer Groups per Selected Options			1	1	2	1	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%			1
	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105,0%			1
	Efficiency Measures (Maximums)			\$0,53	\$0.00	\$0.22	\$0.41		\$0.37			1
	Per Diem Costs and Add-ons					ļ.						
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt						į		\$ 183,420		
	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt						i		52,177		
	, Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Limit		\$71.51	}	\$18.41	\$23.09		\$20.56		\$29.14	
	Allowed @ 95% of Std		\$156.48	\$67.93		\$17.49	\$21.94		\$19.53		\$29.14	\$0.45
	Growth Allowance 13.4%		\$16.97	\$9.08		\$2.34			\$2.61	•		
	CMA Allowed Per Diem (After Growth Alowance)		\$176.97	\$77.01		\$19.83	\$24.87		\$22.14	\$ 3.52	\$29.14	\$0.45
	Quarterly Facility Case Mix Index for Medicaid Residents			<u>1.3231</u>							(FRV Rate)	1
	Orthy Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem			\$101.89	1]				
	Quarterly Medicaid CMA Allowed Per Diem		\$201.85	\$101.89	}	\$19.83	\$24.87		\$22.14	\$3.52	\$29.14	\$0.45
	Quarterly Per Diem Add-On Amounts										ĺ	
	BIMS Add-on Per Diem = 1.0% to Routine Srvs)		\$1.02	\$1.02				1				
	Nurse Staff Hrs./ Quality Add-on Per Diem = 3.0%		\$3.06	\$3.06					1		ļ	
	Nursing Home Provider Fee		\$17.10	40,00			1		17.10			
	Total Quarterly Per Diem Add-On Amounts		\$21.18									
	Quarterly Case Mix Based Per Diem Rate		\$223.02	\$105.97		\$19.83	\$24.87		\$39.24	\$3.52	\$29.14	\$0.45
_	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$154.44		4.20.01	1	1	1 1 1 1 1	·	1	1	1	1
	Leaverbed Hold Fel Dieth Kate (Fel Dieth Rate - FVII) Fee) x 75%				<u> </u>	ــــــــــــــــــــــــــــــــــــــ					A	

	rovider: Roberta Health Care rvdr ID: 00142777A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	10/1/2019	Q	owth Allowance; trly BIMS score	Facility Score N/A 50.7% 2.28	Add-on Percent 13,37% 5.5% 2.0%	•		d Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.4576 1.6032 1.6321	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	đ	e	f	g	g	h	1
_	AOC MIN DAOCD DATE CALOUILATIONS	İ										
<u>U</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Slanding 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) (see Policy Manual)		90,0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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)	so	(\$818)	(\$6,713)	\$9,266	(\$26,528	1 1	(\$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	1 ' '	'I I	\$637,612	\$28,868
8	Total Nursing Facility Days As Filed Days = 32,286	FY12 Audited C/R Days	32,286		:							
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 29,995	FY 18 GL-PL Ins Rpt Days								29,995		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$113.18	\$49.76	\$0.00	\$11.08	\$14.39	(with L&H)	\$16.33	\$0.98	\$19.75	\$0,89
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4576								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$34.14								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$34.14	\$0.00	\$11.08	\$14.39		\$16,33	\$0.98	\$19.75	\$0.89
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$84.68	\$34.14	\$0.00	\$11.08	\$14.39		\$16,33	\$0.98	6.87	\$0.89
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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 Qir €nd		1.6321								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x l.n 17		\$63,16								İ
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$119,28	\$63.16	\$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 ([Stad - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs	Ln 19 Col b x CPS Add-on	\$3,47	\$3,47								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sives)	Ln 19 Col b x Sting Add-on	\$1.26	\$1,26								
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	\$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	\$142.64	\$68.42	\$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	\$94.16									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
—		 	 	1								

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$97,43

(Ln 27 - Ln 23) * 0.75

Facility Add-on Facility State-Rockdale Healthcare Score Percent Specific Add-on Data and Percentages Case Mix Index (CMI) Data wide Prvdr ID: 00838252A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.6517 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2019 Qtrly BIMS score 32.4% 2.5% Quarterly Medicaid CMI: 1,5198 1.4446 MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 3.88 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.5475 1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			nydde a lbiddin	. 355 H. P H 200 H. S	chilling chilling	38889 d 8888	e Hilli	aarajäy f Allaksia	essie grafeie	g	ranggiat h isong m	nta éta i agus
<u></u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,311,907	\$2,758,651	\$0	\$513,684	\$258,570	\$389,908	\$1,416,663	\$128,540	\$1,845,891	\$0
6 7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$241,133) \$7,070,774	\$0 \$2,758,651	\$0 \$0	\$0 \$513,684	(\$9,128) \$249,442	(\$13,765) \$376,143	1	\$128,540	(\$190,364) \$1,655,527	\$125,196 \$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	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	34,294							33,390		
9 10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs 8ase Period Facility Case Mix Index for All Residents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$206,28	\$80,44 <u>1.6517</u>	\$0.00	\$14.98	\$18.24	(with L&H)	\$36.85	\$3.85	\$48.27	\$3,65
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$48.70								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs)	RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$48.70 \$71.51	\$0.00	\$14.98 \$18.41	\$18.24 \$23.09		\$36,85 \$20,56	\$3.85 \$0.00	\$48.27 N/A	\$3.65
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 (<i>FRV</i>)	\$3.65
	Quarterly Per Diem Rate Prior to Add-ons									ĺ	(, , , ,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.70	\$6.51	\$0.00	\$2.00	\$2.44	\$0.00	\$2,75	N/A	N/A	N/A
16 17	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	Ln 14 + Ln 15 per Current Qlr End	\$137.68	\$55.21 <u>1.5475</u>	\$0.00	\$16.98	\$20.68	\$0.00	\$23.31	\$3.85	\$14.00	\$3.65
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ln. 16 x Ln. 17 RS = Ln. 18, AliOthr ≃ Ln. 16	\$167,91	\$85.44 \$85.44	\$0.00	\$16,98	\$20.68	\$0.00	\$23.31	\$3.85	\$14.00	\$3.65
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.14	\$2.14								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.56	\$2.56								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,96	\$5.23	\$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	\$190.87	\$90.67	\$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	\$130.33									

Quarterly Case Mix Per Diem Calculation

FINAL

1 .	rovider: Rockmart Health Prvdr ID: 003182988A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hou		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 28.9% 3.44	Add-on Percent 13.37% 1.0% 3.0%		Quarterl caid CMI w RU0	iod Overall CMI: y Medicaid CMI; 3 Wght Options:		Facility Specific Use Stwd 1.5983 1.6271	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admîn and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
"		Ţ	a	b	C	d	е	f .	g		h	i
CA	Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Pèr Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts)	\$158.22 \$16.07 \$146.46 \$192.22 \$1.19 \$3.56 \$17.10 \$21.85	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$8.60 \$72.96 1.6271 \$118.72 \$118.72 \$1.19 \$3.56		2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$2.22 \$18.79	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$2.78 \$23.56	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$2.47 \$20.97	\$1.63	\$38.01 \$38.01 8.55 (FRV Rate) \$8.55	\$0.00 \$0.00 \$0.00
-	Quarterly Case Mix Based Per Diem Rate		\$214.07	\$123.47		\$18.79	\$23.56		\$38.07	\$1.63	\$8.55	\$0.00
ļ	Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$147.73	, , , , , , , , , , , , , , , , , , , ,	-								

			-	Facility	Add-on		Facility	State-
Provider:	Rome Health and Rehab		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	Specific	_wide_
Prvdr ID:	00140753A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,6744	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	30.9%	2.5%	Quarterly Medicaid CMI:	1.7797	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,78	3.0%	Ortrly Meaid CMI w RUG Wght Options:	1.8127	1,4694

	MDO a huise i iis bata per quarter chaing.	deroor to Harse Hours pe	i Oil-Oile Day/Q	dailty incertive.	3,10	3,070	Citily Micalc	CIMI W NOG	wgni options	•	1.0121	1,4094
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
13.7			a	ь	C. C.	d	е	60 (80 F 10 (80)	in g	::::::g::::::::::::	lagardas iste jn i i i i atsistitas	eijili ie Je
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0.41		50.0% 105.0% \$0.37			
_	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	******	*** *** ***								
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	-	\$5,288,642	\$2,802,923	\$0	\$515,153	\$185,219	\$292,081	\$1,230,951	\$2,885	\$259,430	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$389,506) \$4,899,136	\$0 \$2,802,923	\$0 \$0	\$515,153	\$0 \$185,219	\$1,892 \$293,973	1	1	(\$38,357)	\$38,357
8	Total Nursing Facility Days As Filed Days = 34,077	FY12 Audited C/R Days	34,033,130	92,002,923	30	\$515,155	\$100,219	\$293,913	\$839,553	\$2,885	\$221,073	\$38,357
١	Total Nursing Facility Days GL-PL Ins, Rot As Filed Days = 33,075	FY 18 GL-PL Ins Rpt Days	34,077							33,075		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln7/Ln8Cola	\$143.78	\$82.25	\$0.00	\$15.12	\$14.06	(with L&H)	\$24.64	\$0.09	\$6.49	\$1,13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$140.70	1,6744	\$0.00	Q10.12	\$14.00	(Marit Port)	324.04	\$0.05	\$0.43	\$1.13
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.12								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$49.12	\$0.00	\$15.12	\$14,06		\$24.64	\$0.09	\$6.49	\$1.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	ŲIO
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$114.72	\$49.12	\$0,00	\$15.12	\$14.06		\$20.56	\$0.09	14.64	\$1.13
	Constant Bar Disas But Disast Add							<u> </u>			(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13,22	\$6.57	\$0,00	\$2.02	\$1.88	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$13.22	\$55,69	\$0,00	\$17.14	\$1.00	\$0.00	\$23.31	\$0.09	\$14.64	\$1.13
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End	\$127,54	1.8127	\$0,00	011.14	310.54	\$0.00	\$20.01	40.03	\$14.04	\$1.13
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100,95								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.20	\$100.95	\$0,00	\$17.14	\$15,94	\$0.00	\$23.31	\$0.09	\$14.64	\$1.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52							,,,,,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.03	\$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	\$23.81	\$6.08	\$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	\$197.01	\$107.03	\$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	\$134.93			1		1 , . ,		.1		
			1 .	!								

١					Facility	Add-on		Facility	State-
	Provider:	Rose City Health and Rehab Ctr		Add-on Data and Percentages	<u>Score</u>	Percent	Case Mix Index (CMI) Data	Specific Specific	_wide_
	Prvdr ID:	00083311A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,5200	1,3617
1		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	41.8%	2.5%	Quarterly Medicaid CMI:	1,6967	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,33	3.0%	Ortrly Meaid CMI w RUG Wght Options:	1.7282	1.4694
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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.00			a	b	C	d	• • • • • • • • • • • • • • • • • • •	smanet memb	g	iki ki g ilani	;;::::::::::::::::::::::::::::::::::::	····
l c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities			
	Peer Group Standards & Efficiency Measure Limits											
3 4	Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Stycs 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	\$o
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$21,254)	\$0	\$0	\$0	\$0	\$0	(\$21,254)		(\$27,958)	\$27,958
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,104,920	\$1,633,291	\$0	\$380,920	\$133,234	\$163,580	\$636,712	\$2,601	\$126,624	\$27,958
8	Total Nursing Facility Days As Filed Days = 23,503	FY12 Audited C/R Days	23,503									
1	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,180	FY 18 GL-PL Ins Rpt Days								23,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n7/£n8Cola	\$132.11	\$69,49	\$0.00	\$16.21	\$12.63	(with L&H)	\$27.09	\$0.11	\$5.39	\$1.19
10	Base Period Facility Case Mix Index for All Residents	from 4 qirs of FY12		1.5200								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$45,72								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$45.72	\$0.00	\$16.21	\$12.63		\$27.09	\$0.11	\$5.39	\$1.19
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$106.56	\$45.72	\$0.00	\$16.21	\$12.63		\$20.56	\$0.11	10.14	\$1.19
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.72	\$6.11	\$0.00	\$2.17	\$1.69	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$119.28	\$51.83	\$0.00	\$18.38	\$14.32	\$0.00	\$23.31	\$0,11	\$10.14	\$1.19
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7282					1			
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$89.57								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.02	\$89,57	\$0.00	\$18,38	\$14.32	\$0.00	\$23.31	\$0.11	\$10,14	\$1.19
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sifng 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	£n 19 + Ln 24	\$180.21	\$95.03	\$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	\$122.33								. /	

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		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1,5874	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIM\$ score	31.6%	2.5%	Quarterly Medicaid CMI:	1.4974	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.39	3.0%	Ortrly Mcaid CMI w RUG Wght Options:	1.5231	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
	e Control protection and a control distinction from the profession property of the profession and the desirable The control protection and the control distinction of the control protection of the control distinction and the		а	inidiki bilililili	italita in Cigoristi.	d d	::::::::e:::::::::::::::::::::::::::::	difficity f resultit	g	idio gri	<u>9:10000000 histology i</u>	gers I.a.
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100,0% \$0.22	85,0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,863,251	\$4,527,903	\$0	\$783,412	\$278,374	\$481,065	\$1,196,566	\$3,214	\$592,717	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,774)	\$14,162	\$0	\$0	\$0	\$0	(\$100,936)		(\$105,761)	\$105,761
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,776,477	\$4,542,065	\$0	\$783,412	\$278,374	\$481,065	\$1,095,630	\$3,214	\$486,956	\$105,761
8	Total Nursing Facility Days As Filed Days = 45,393	FY12 Audited C/R Days	45,393									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,524	FY 18 GL-PL Ins Rpt Days								44,524		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$171.32	\$100.06	\$0.00	\$17.26	\$16.73	(with L&H)	\$24.14	\$0.07	\$10.73	\$2.33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5874</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9/£n 10		\$63.04								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$63.04	\$0.00	\$17,26	\$16.73		\$24.14	\$0.07	\$10.73	\$2.33
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.79	\$63.04	\$0.00	\$17,26	\$16.73		\$20.56	\$0,07	14.80	\$2.33
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		1.5231								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$108.86								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$187.91	\$108.86	\$0.00	\$19.57	\$18.97	\$0.00	\$23.31	\$0.07	\$14.80	\$2.33
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$2.72	\$2.72	φ υ. υυ	30.22	φ υ.4 I	φυ.00	30.00		30.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.27	\$3.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	40.21					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.25	\$6,52	\$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	\$212.16	\$115.38	\$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	\$146,30					Į		1		

	rovider: Rosemont at Stone Mountain rvdr ID: 00587331A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe	C	owth Allowance: htrly BIMS score		Add-on <u>Percent</u> 13,37% 5.5% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2404 1.4430 1.4674	State- wide 1.3617 1,4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
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<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	Adding the second secon	50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,929,612	\$3,610,194	\$0	\$738,385	\$441,937	\$436,558	\$1,115,915	\$162,798	\$423,825	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$231,415)	\$811	\$0	\$1,600	so	\$204	(\$239,816)		(\$128,317)	\$134,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,698,198	\$3,611,005	\$0	\$739,985	\$441,937	\$436,762	\$876,100	\$162,798	\$295,508	\$134,103
8	Total Nursing Facility Days As Filed Days = 50,566	FY12 Audited C/R Days	50,566									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 49,615	FY 18 GL-PL Ins Rpt Days								49,615		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$132,52	\$71.41	\$0.00	\$14.63	\$17.38	(with L&H)	\$17.33	\$3.28	\$5.84	\$2.65
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2404								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.57								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$57.57	\$0.00	\$14,63	\$17.38		\$17.33	\$3.28	\$5.84	\$2.65
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$124.90	\$57.57	\$0.00	\$14.63	\$17.38		\$17.33	\$3.28	12.06	\$2.65
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	En 14 x Grwth Allwas %	\$14.30	\$7.70	\$0.00	\$1,96	\$2.32	\$0.00	\$2.32	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$139.20	\$65.27	\$0.00	\$16,59	\$19.70	\$0.00	\$19.65	\$3,28	\$12.06	\$2.65
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.20	1.4674	Ψ0.00	V10,00	010.10	\$0.00	\$13.03	\$3,20	\$12.00	\$2.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$95.78								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$169,71	\$95.78	\$0.00	\$16.59	\$19.70	\$0.00	\$19.65	\$3,28	\$12.06	\$2.65
20	Quarterly Per Diem Add-on Amounts	Jona Ballan Mannan										
20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem ≈ 5.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.27	\$5.27								
23	Nursing Home Provider Fee	(Fixed Amount)	\$1.92 \$17.10	\$1.92					647.40			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10 \$25.82	\$7.72	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10	ma ac	60.00	20.00
									\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + Ln 24	\$195.53	\$103.50	\$0.00	\$16.81	\$20.11	\$0.00	\$37.12	\$3.28	\$12.06	\$2.65

\$133.82

(Ln 25 - Ln 23) * 0,75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	ovider: Ross Memorial Health Care Center vdr ID: 00142942A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score	44.7%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2961 1.2432 1.2571	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
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<u>C</u>	ASE MIX BASED RATE CALCULATIONS		:									
1	Cost Center Peer Groups Typo of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	40,221 1,000	\$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-PŁ Ins. Rot As Filed Days = 30,584	FY 18 GL-PL Ins Rpt Days								30,584		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 gtrs of FY12	\$155,94	\$85,22	\$0.00	\$20.02	\$21,41	(with L&H)	\$17.31	\$2.11	\$7.74	\$2.13
11	Base Period Facility Case Mix Index for All Residents	Ln 9 / Ln 10		1.2961								
12	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.75 \$65.75	\$0.00	\$20.02	PD4 44		647.04	00.44		
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$00.75 \$71.51	\$0.00	\$20.02 \$18.41	\$21,41 \$23,09		\$17.31 \$20.56	\$2.11 \$0.00	\$7.74 N/A	\$2.13
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$139.74	\$65,75	\$0.00	\$18.41	\$23,09		\$20.38	\$0.00	12,62	\$2,13
	·		\$105,14	\$55.75	\$0.00	\$10.41	Ψ 21,41		\$17.31	\$2.11	(FRV)	\$2,15
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.42	\$8,79	\$0.00	\$2.46	\$2.86	\$0.00	\$2,31	41/0	NICA	NUA
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$156.42	\$74.54	\$0.00	\$2.46	\$2.86 \$24.27	\$0.00	\$2,31 \$19,62	N/A \$2.11	N/A \$12.62	N/A \$2.13
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.10	1,2571	Ψ0,00	Ψ <u>2</u> .0.01	924.21	φυ,ου	\$15,02	₹2.11	\$12.02	⊅ ∠.13
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$93.70								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$175.32	\$93.70	\$0.00	\$20.87	\$24.27	\$0.00	\$19.62	\$2.11	\$12.62	\$2.13
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0,53	\$0.00	\$0.00	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,34	\$2.34			73.11	,50	22.07		43.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,81	\$2.81								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.56	\$5.68	\$0.00	\$0.00	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$198.88	\$99.38	\$0.00	\$20.87	\$24.68	\$0,00	\$37.09	\$2.11	\$12.62	\$2.13
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$136.34									

	rovider: Roswell Nursing & Rehab Ctr rvdr ID: 00141248A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		rth Allowance: ly BIMS score	Facility Score N/A 40.7% 3.48	Add-on Percent 13.37% 2.5% 2.0%			i Overall CMI Medicaid CMI	•	Facility <u>Specific</u> 1.6341 1.5869 1.6163	State- wide 1,4014 1,4446 1,4694
Line #	. · Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	•		а	b	С	ď	е	f	9		h	i
C	ASE MIX BASED RATE CALCULATIONS			-								
		. 5.0 44 1							_			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											ĺ
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3 4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100,0% \$0.53	100.0% \$0.00	100,0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL R	pt \$7,743,053	\$4,498,611	so	\$557,983	\$242,060	\$378,928	\$1,148,453	\$24,135	\$892,883	\$(
6	Audit Adjustments and Realfocations to Cost Center Costs	FY14 C/R Audit Adjstmts	(\$211.557)	(\$39,976)	so so	\$0	(\$1,285)	(\$2,011)	1	1	(\$77,460)	1
7	Cost Center Costs After Audit Adjustments	FY14 Audited C/R	\$7,531,496	\$4,458,635	so	\$557,983	\$240,775	\$376,917	\$984,909	· [\$815.423	\$72,71
8	Total Nursing Facility Days As Filed Days = 34,081	FY14 Audited C/R Days	34,081							,		
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 78,295	FY 18 GL-PL Ins Rpt Days								78,295		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$220.58	\$130.82	\$0.00	\$16,37	\$18,12	(with L&H)	\$28.90	\$0.31	\$23.93	\$2.13
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY10		1.6341								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$80.06								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$80.06	\$0.00	\$16.37	\$18.12		\$28.90	\$0.31	\$23.93	\$2.13
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,31	\$0.00	\$19.52	\$23.55		\$24.02	\$0.00	N/A	Ì
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$143.70	\$73.31	\$0.00	\$16.37	\$18.12		\$24.02	\$0.31	9.44	\$2.13
•	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.4%	Ln 14 x Grwth Allwnc %	\$17.62	\$9,80	\$0.00	\$2.19	\$2.42	\$0.00	\$3.21	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + £n 15	\$161.32	\$83.11	\$0.00	\$18.56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End		1.6163								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$134.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$212.54	\$134.33	\$0.00	\$18,56	\$20.54	\$0.00	\$27.23	\$0.31	\$9.44	\$2.13
	Quarterly Per Diem Add-on Amounts									1		
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-ол	\$3.36	\$3.36								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	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	\$23.78	\$6.05	\$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	\$236.32	\$140.38	\$0.00	\$18.78	\$20.95	\$0.00	\$44.33	\$0.31	\$9.44	\$2,1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$164.42			•	····	(

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Sadle G. Mays Health & Rehab Center Prvdr ID: 00141842A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hou		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 43.7% 3.38	Add-on Percent 13.37% 2.5% 2.0%		Quarterl	(CMI) Data iod Overall CMI: y Medicaid CMI: G Wght Options:		Facility Specific 1.3125 1.3273 1.3491	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
"		а	b	С	d	е	f	g		h	<u> </u>
Allowed @ 90% of Std Growth Allowance 13.37% CMA Allowed Per Diem (After Growth Allowance) Quarterly Facility Case Mix Index for Medicaid Residents Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$158.76 \$16.07 \$150.55 \$176.02 \$2.46 \$1.97 \$0.00 \$4.43 \$180.45	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$64.36 \$8.60 \$72.96 1.3491 \$98.44 \$98.44 \$1.97	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freeslanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$16.57 \$2.22 \$18.79 \$18.79	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$20.78 \$2.78 \$23.56	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$18.50 \$2.47 \$20.97		\$38.01 \$38.01 10.84 (FRV Rate) \$10.84	
Quarterly Case Mix Based Per Diem Rate		\$180.45	\$102.87		\$18.79	\$23.56		\$20.97	\$2.89	\$10.84	\$0.54
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$135.34						<u> </u>	<u> </u>	<u> </u>		1

	ovider: Savannah Beach Nursing & Rehab Center vdr ID: 00142876A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/201 9		owth Allowance: tirly BIMS score	Facility Score N/A 53.9% 3,33	Add-on <u>Percent</u> 13.37% 5.5% 2.0%	-	Quarterly N	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.1996 1.3630 1.3867	State- wide 1.3617 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	ACC MIX DASED DATE ON OUR ATIONS		a	b	c	d	e	222020	g	in e g	h	argini i ia
느	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,155,375	\$1,096,757	\$0	\$118,073	\$159,016	\$117,189	\$328,921	\$35,457	\$299,962	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$234,732	\$112,227	\$0	\$129,959	(\$11,543)	\$10,629	(\$36,575)		\$17,932	\$12,103
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,390,107	\$1,208,984	\$0	\$248,032	\$147,473	\$127,818	\$292,346	\$35,457	\$317,894	\$12,103
8	Total Nursing Facility Days As Filed Days = 16,732	FY12 Audited C/R Days	16,427									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,582	FY 18 GL-PL Ins Rpt Days								15,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$145.63	\$73.60	\$0.00	\$15.10	\$16.76	(with L&H)	\$17.80	\$2.28	\$19,35	\$0.74
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1996</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$61.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.35	\$0.00	\$15.10	\$16.76		\$17.80	\$2.28	\$19,35	\$0.74
14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	5400 50	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1-7	Base Fellod Case Wilk Adjusted Allowed Fell Dielli	Lesses of Lit 12 of Lit 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 Diern (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		1.3867								
18 19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	£n 16 x Ln 17 RS = Ln 18, AllOthr = £n 16	5405.05	\$96.44	60.00		040.00	***	***	***		
13	Quarterly ineclicate CIVIA Allowed Per Dietti	UO = FB TO' WIORE = FB JO	\$165.25	\$96.44	\$0.00	\$17.12	\$19.00	\$0.00	\$20.18	\$2.28	\$9,49	\$0.74
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.30	\$5.30								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x String 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	\$191.11	\$104.20	\$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	\$130.51									

Provider:	Scepter Health & Rehab		Add Data d Barratta	Facility	Add-on		Facility	State-
Fidalder.			Add-on Data and Percentages	_Score_	_Percent_	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
Prvdr ID:	00169199A		Growth Allowance:	N/A	13,37%	Base Period Overail CMI:	1.3690	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	41.3%	2.5%	Quarterly Medicaid CMI:	1,5058	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.59	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.5299	1.4694
Prvarib:	Case Mix Per Diem Rate Effective Date:		Qtrly BIMS score	41.3%	2.5%	Quarterly Medicaid CMI:	1.5058	1.4446

	The arrange and port quarter climing.		- On One Dayre	daily intocharc.	4.55	3.076	Qitiny incalu	CIMI W NOG	rrgia Opiioris.		1.5299	1.4094
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1000			а	William Princerin	C	ď	e e	fieldig f leered	g	g	ije objekti hije i i i i i i i i i i i i i i i i i i	andya i a
c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(D-F		1	1							
	Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		7 All Facilities All Bed Sizes	All Facilities All Bed Sizes	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 Peer Group Standards: Multiplier	(see Policy Manual)		90.0%	90.0%	90.0%	85,0%		50.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105,0% \$0,37			
	Day Control De Direction	,			4-/	44,50			,			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	60 504 404	04 540 040	-	*******						
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$9,561,164	\$4,548,816	so	1	\$613,465	\$507,283		\$20,313	\$824,950	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	(\$289,144) \$9,272,020	(\$2,722) \$4,546,094	\$0 \$0	\$0 \$1,020,738	\$2,545 \$616,010	\$2,104 \$509,387	(\$294,492)	600.040	(\$107,490)	\$110,911
8	Total Nursing Facility Days As Filed Days = 56,904	FY12 Audited C/R Days	56,904	34,340,034		\$1,020,730	\$010,010	\$209,361	\$1,731,107	\$20,313	\$717,460	\$110,911
_	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 55,592	FY 18 GL-PL Ins Rot Days	30,304							55,592		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Strycs	Ln 7/Ln 8 Cola	\$162.96	\$79.89	\$0.00	\$17.94	\$19,78	(with L&H)	\$30.42	\$0.37	\$12,61	\$1.95
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	, , , <u>, , , , , , , , , , , , , , , , </u>	1.3690	*****		410.70	1000. 22.09	400.42	\$0.01	\$12,01	Ψ1.55
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$58,36								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$58,36	\$0.00	\$17,94	\$19.78		\$30.42	\$0,37	\$12.61	\$1.95
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$129.05	\$58.36	\$0.00	\$17.94	\$19.78		\$20,56	\$0.37	10.09	\$1.95
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$15.59	\$7.80	\$0.00	\$2.40	\$2,64	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	l.n 14 + l.n 15	\$144,64	\$66.16	\$0.00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10.09	\$1.95
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End	Q ,,,,_,	1.5299	43.55	420.01	V (2	40.00	\$20.01	40.01	\$10.00	\$1.55
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101,22								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = 1.n 16	\$179.70	\$101.22	\$0,00	\$20.34	\$22.42	\$0.00	\$23.31	\$0.37	\$10,09	\$1.95
	Overdedu Ber Diere Add on Assessed											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.53	\$2.53	φ υ,υ υ	\$0.22	\$0.41	\$U,UU	\$0.00		\$0,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	\$5.07					\$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	\$203.53	\$107.32	\$0.00	\$20.56	\$22.83	\$0.00	\$40.41	\$0.37	\$10.09	\$1.95
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - l.n 23) * 0.75	\$139.82						1			
		1	t t									

	rovider: Scott Health & Rehabilitation		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index (0			Facility Specific	State- wide
ľ	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe		trly BIMS score	35,7%	13,37% 2.5% 3.0%	Qrtrly Mcaid	Quarterly I	d Overall CMI: Medicaid CMI: Wght Options;		1.3422 1.4475 1.4725	1.3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totais	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.7.11			a	55 b 55 (55)	C C	d :	e e	gerija f igure	::::: g -::::::	g	sat h fefficities	didirect Le com
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,629,423	\$1,432,501	\$0	\$295,735	\$164,214	\$178,169	\$396,102	\$68,416	\$94,286	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$19,325)	\$0	\$0	\$0	\$1,437	\$1,559	(\$23,146)		(\$12,364)	\$13,189
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,610,098	\$1,432,501	\$0	\$295,735	\$165,651	\$179,728	\$372,956	\$68,416	\$81,922	\$13,189
8	Total Nursing Facility Days As Filed Days = 19,289	FY12 Audited C/R Days	19,289									
Ì	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,880	FY 18 GL-PL Ins Rpt Days								19,880		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$135.22	\$74.27	\$0.00	\$15.33	\$17.91	(with L&H)	\$19.34	\$3,44	\$4.25	\$0.68
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3422</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	\$4.25	\$0.68
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.46	\$ 55.33	\$0.00	\$15.33	\$17.91		\$19.34	\$3.44	9.43 (FRV)	\$0.68
15	Quarterly Per Diem Rate Prior to Add-ons 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	\$2.03	\$20.30	\$0.00	\$2.59	\$3,44	\$9.43	S0.68
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.00	1.4725	00,00	\$17.50	\$20.30	\$0,00	921,93	\$3,44	\$9.43	\$0,00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$92,37								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AilOthr = Ln 16	\$165.53	\$92.37	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0,53	\$0.00	\$0.22	\$0,41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.31	\$2.31				,	,		-3.44	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$23,71	\$5.61	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$189.24	\$97.98	\$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	\$129.11		f							

Provider: Prvdr ID;	Sears Manor 00142898A	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on D	oata and Percentages Growth Allowance: Qtrly BIMS score e Day/Quality Incentive:	Facility Score N/A 35.7% 4.09	Add-on <u>Percent</u> 13,37% 2.5% 2.0%	Case Mix Index (CMI) Data Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.5065	State- wide 1.3617 1.4446 1.4694
Line #	Description		the attack and the action in	purces / To	tals Routine Services	Special Services	Dietary	Laundry & Plant Admin Operatins and White Admin Operatins and White Admin Operatins and White Admin Operation	A&G- GL-PL Property and Insurance Related	Taxes and Insurance

Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1			a	ь	С	d:::::::	e i i i	giledi f ajilal	g	g	ijos er ar h iji, ilmir	rickpele j kere
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0,37			Andrew and the state of the sta
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp1	\$4,058,947	\$2,128,930	\$0	\$451,303	\$260,678	\$256,636	\$573,642	\$58,612	\$329,146	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$74,805)	\$0	\$0	\$0	(\$105)	(\$105)	(\$74,471)		(\$25,030)	\$24,906
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,984,142	\$2,128,930	\$0	\$451,303	\$260,573	\$256,531	\$499,171	\$58,612	\$304,116	\$24,906
8	Total Nursing Facility Days As Filed Days = 28,225	FY12 Audited C/R Days	28,225						A			
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 27,219	FY 18 GL-PL Ins Rpt Days								27,219		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$141.23	\$75.43	\$0,00	\$15.99	\$18.32	(with L&H)	\$17.69	\$2.15	\$10.77	\$0.88
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2990								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.07								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	\$10.77	\$0.88
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122.98	\$58,07	\$0.00	\$15.99	\$18.32		\$17.69	\$2.15	9.88	\$0.88
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14,72	\$7,76	\$0.00	\$2.14	\$2.45	\$0.00	\$2.37	N/A	N/A	N/A
16	CMA Allowed Per Diern (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$137,70	\$65.83	\$0.00	\$18.13	\$20.77	\$0.00	\$20.06	\$2.15	\$9.88	\$0,88
17	Quarterly Facility Case Mix Index for Medicald Residents	per Current Qtr End	4.3. ,,,,	1.5319	40.50	\$10.10	420 ,	Ψ0.00	V1.0.00	Ψ2.10	\$3.00	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100,84								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$172.71	\$100,84	\$0.00	\$18,13	\$20.77	\$0.00	\$20.06	\$2,15	\$9.88	\$0.88
	•		·			,	•	•			43.33	
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.52	\$2.52								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.02	\$2.02								
23 24	Nursing Home Provider Fee	(Fixed Amount) Sum of Las 20 thru 23	\$17.10	AC 27				***	\$17,10			
-	Total Quarterly Per Diem Add-on Amounts		\$23.17	\$5.07	\$0.00	\$0,22	\$0.41	\$0.00	\$17,47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$195.88	\$105.91	\$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	\$134.09									

Facility Add-on Facility State-Provider: Seminole Manor Nursing Home Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific | _wide_ Prvdr ID: 00142909A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.2760 1.3617 Case Mix Per Diem Rate Effective Date: 10/1/2019 Qtrly BIMS score 35.0% 2.5% Quarterly Medicaid CMI; 1.1733 1.4446 MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 3.0% Ortrly Moaid CMI w RUG Wight Options: 1.1880 1.4694

			. On one bajic		0.00	0.070	artify irrodia	CIVII W IXUG 1	regit Options.		1,1000	1.4094
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	C	55555 d 5555	e	agama f basaga	g (2000)	gaseg :	injestlije h gesetij)	alizildi j akerje.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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)		(\$46,503)		(\$15,449)	\$12,105
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,968,082	\$1,863,174	\$0	\$821,360	\$349,041	\$243,801	\$506,579	\$5,671	\$166,351	\$12,105
8	Total Nursing Facility Days As Filed Days = 21,926	FY12 Audited C/R Days	21,926									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 21,033	FY 18 GL-PL Ins Rpt Days								21,033		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Cola	\$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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		<u>1.2760</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.60	\$0.00	\$37.46	\$27.04		\$23,10	\$0.27	\$7.59	\$0.55
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.26	\$66.60	\$0.00	\$29,15	\$23.09		\$20.56	\$0,27	9.04	\$0.55
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		1.1880								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x £n 17		\$89.69								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182.09	\$89.69	\$0,00	\$33.05	\$26.18	\$0.00	\$23.31	\$0.27	\$9.04	\$0.55
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.53	\$0,53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.24	\$2.24		75.00	\$3.00	42.00	55.00		\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,69	\$2.69								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22,56	\$5.46	\$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	\$204,65	\$95.15	\$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	\$140.66		I	!			i	l		

ŀ	ovider: Senior Care CtrBrunswick vdr ID: 000830827B Case Mix Per Diem Rate Effective Date: MSS & Nurse Her Date per Quarter Endings	10/1/2019	a	owth Allowance; trly BIMS score	19.0%	Add-on Percent 13.37% 0.0%	-	Quarterly t	d Overall CMI; Medicaid CMI:		Facility Specific 1.2904 1.3297	State- wide 1.3617 1.4446
Line	MDS & Nurse Hrs Data per Quarter Ending: Description	Sources /	er On-Site Day/Q Totals	Routine Services	3,75 Special Services	3.0% Dietary	Qrtrly Mcaid Laundry & Houskpng	Plant Operators	Nght Options: Admin and	A&G- GL-PL	1.3514 Property and	1,4694 Taxes
#		Calculations			Pressent commen		nouskpiig	& Maint	General	Insurance	Related	Insurance
-			a	riiiiiiii bria.	C	d	inganga engganga	Tipotio F allengi	g	9111 g 111 (1	grafis filijidas h agarys skraje	a pag Pipasa
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts	,				*****	4		05.07			
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309	\$5,960,467	so.	\$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)	\$225,000	\$20,220	\$137,022
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$12,567,208	\$6,761,279	\$0	1	\$792,206	\$538,722		\$229,360	\$741,564	\$137,022
8	Total Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342								•	-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.72	\$113.94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38.69	\$3,80	\$12.50	\$2.31
10	Base Period Facility Case Mix Index for All Residents	from 4 ctrs of FY12		1.2904								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	ln 9/ln 10		\$88.30								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = £n 9		\$88.30	\$0.00	\$18.05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
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		1.3514	75.00	725.10	0	45.00	420.01	\$5,50	\$10.01	Ψ2.01
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109,56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$201.44	\$109.56	\$0.00	\$20.46	\$25,43	\$0.00	\$23.31	\$3,80	\$ 16.57	\$2.31
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.63	\$0.00	\$0.00	\$0.22	\$0,41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00		, <u>-</u>					42.30	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.29	\$3.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$3.92	\$3.29	\$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	\$205.36	\$112.85	\$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	\$154.02							L		

1	Senior Care CtrBrunswick 000830827B Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score		Add-on Percent 13.37% 0.0% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2904 1.3297 1.3514	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	C	d	(e	((0.000 f (9.000)	g	g	iiiiiiiiiiiii hiceojiiiiiii	lgrayrigi t agarakçı
CASE MIX	X BASED RATE CALCULATIONS											
Ty	nter Peer Groups rpe of Facility within Peer Group rd Size Range within Peer Group	(see Policy Manual)		1 Ali Facilities Ali Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 Peer Gr 3 Peer Gr	oup Standards & Efficiency Measure Limits roup Standards: Percentile roup Standards: Multiplier rcy Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
Base Per	riod Per Diem Allowed Amounts											
5 As Filed	d Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$12,935,309	\$5,960,467	\$0	\$1,072,572	\$683,912	\$504,746	\$3,762,908	\$229,360	\$721,344	\$0
1 1	djustments 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
1 1	enter 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
	Nursing Facility Days As Filed Days = 59,342	FY12 Audited C/R Days	59,342									
1 1	Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 60,291	FY 18 GL-PL Ins Rpt Days								60,291		
!!	r Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$211.72	\$113,94	\$0.00	\$18.05	\$22.43	(with L&H)	\$38,69	\$3.80	\$12.50	\$2,31
1 1	Period Facility Case Mix Index for Alt Residents	from 4 qlrs of FY12		<u>1.2904</u>								
	ine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$88.30								
1 [Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$88.30	\$0.00	\$18,05	\$22.43		\$38.69	\$3.80	\$12.50	\$2.31
	em Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Pe	eriod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.23	\$71.51	\$0,00	\$18.05	\$22.43		\$20.56	\$3.80	16,57	\$2.31
Quarterly	y Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth	Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.72	\$9.56	\$0.00	\$2,41	\$3.00	\$0.00	\$2.75	N/A	N/A	N/A
1 1	llowed Per Diem (After Growth Allowance Add-on)	i.n 14 + Ln 15	\$172.95	\$81.07	\$0.00	\$20.46	\$25.43	\$0.00	\$23,31	\$3.80	\$16.57	\$2,31
1 1	terly Facility Case Mix Index for Medicald Residents	per Current Qtr End		<u>1.3514</u>								
1 1 '	y Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$109,56								
19 Quarteri	rly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$201.44	\$109,56	\$0.00	\$20.46	\$25.43	\$0.00	\$23.31	\$3,80	\$16.57	\$2.31
Quarterly	Per Diem Add-on Amounts											
1 1 -	cy 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	
1 1	.dd-on Per Diem = 0.0% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$0.00	\$0.00								
22 Nurse S	Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.29	\$3,29								
23 Nursing	Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24 Total Qu	uarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$3,92	\$3,29	\$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	\$205.36	\$112.85	\$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	\$154.02						4			

Provider:	Senior Care Ctr S	St. Marys		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00143129A	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 26.5% 3,81	13.37% 1.0% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options:	1.2093 1.1779 1.1937	1,3617 1,4446 1,4694
					\$568X538X61965	STATE OF THE STATE	Plant Admin	Property	Toyon

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
11366			а	М. Б		d d	:::::e		g	g	in in the second	Constantinação
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,098,594	\$2,116,099	\$0	\$387,751	\$ 399,462	\$225,826	\$549,708	\$121,553	\$298,195	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,634)	\$41,172	\$0	(\$100)	(\$10,813)	(\$6,113)	\$4,635		(\$155,824)	\$25,409
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,996,960	\$2,157,271	\$0	\$387,651	\$388,649	\$219,713	\$554,343	\$121,553	\$142,371	\$25,409
8	Total Nursing Facility Days As Filed Days = 21,647	FY12 Audited C/R Days	21,647									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 23,788	FY 18 GL-PL Ins Rpt Days								23,788		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$184,14	\$99,66	\$0.00	\$17.91	\$28.10	(with L&H)	\$25.61	\$5,11	\$6.58	\$1.17
10	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.2093							į	
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$82.41								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$82.41	\$0.00	\$17.91	\$28.10		\$25.61	\$5.11	\$6.58	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$149.76	\$71.51	\$0.00	\$17.91	\$23,09		\$20.56	\$5,11	10.41	\$1.17
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$17.79	\$9.56	\$0.00	\$2.39	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	f.n 14 + Ln 15	\$167.55	\$81.07	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5,11	\$10.41	\$1.17
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.1937								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.77								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$183,25	\$96.77	\$0.00	\$20.30	\$26.18	\$0.00	\$23.31	\$5.11	\$10.41	\$1.17
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,22	\$0.00	\$0,00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0,97	\$0.97	45.50	40,22	40.00	Ç0.00	ψ0.00°		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srycs)	Lภ 19 Col b x Stfng Add-on	\$2,90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10	72.00					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,19	\$3.87	\$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	\$204.44	\$100.64	\$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	\$140.51			·				I		

Provider:	•	ad		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- <u>wide</u>
Prvdr ID;		se Mix Per Diem Rate Effective Date: Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance; Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 33.3% 3.57	13.37% 2.5% 3.0%	Base Period Overall CMI; Quarterly Medicaid CMI; Ontrly Meaid CMI w RUG Wght Options;	1.5246 1.5776 1.6060	1.3617 1.4446 1.4694
Line			So	urces / Totals Routine	Special	Dietasu	Laundry & Plant Admin A&G-	GL-PL Property	Taxes

	3				2.0.	0.0.0	army modio	OMI W RUG 1	rrgiit Options.		1.0000	1.4054
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.00			а		С	d	e	4107411 f 074144	g	in in in grand and	ije grave h rije sasivii	······································
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,767,995	\$5,156,008	\$0	\$918,863	\$438,941	\$629,831	\$2,661,908	\$435,581	\$1,526,863	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$625,674)	\$118,845	\$0	(\$3,470)	\$150	\$5,063	(\$609,808)		(\$375,786)	\$239,332
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$11,142,321	\$5,274,853	\$0	\$915,393	\$439,091	\$634,894	\$2,052,100	\$435,581	\$1,151,077	\$239,332
8	Total Nursing Facility Days As Filed Days = 54,878	FY12 Audited C/R Days	54,878					-				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 48,002	FY 18 GL-PL Ins Rpt Days								48,002		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a	\$204.17	\$96.12	\$0.00	\$16,68	\$19.57	(with L&H)	\$37.39	\$9.07	\$20.98	\$4.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5246								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$63.05								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$63.05	\$0.00	\$16.68	\$19.57		\$37.39	\$9.07	\$20.98	\$4.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 or En 13	\$143.42	\$63.05	\$0.00	\$16.68	\$19.57		\$20.56	\$9.07	10.13	\$4.36
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$16.03	\$8.43	\$0.00	\$2.23	\$2.62	\$0,00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$159.45	\$71.48	\$0.00	\$18.91	\$22.19	\$0.00	\$23.31	\$9.07	\$10,13	\$4.36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Otr End		1.6060		* (* (*)	722.10	45,55	420.01	45.07	0.0.10	44.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.80								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$202,77	\$114.80	\$0.00	\$18.91	\$22.19	\$0,00	\$23.31	\$9.07	\$10,13	\$4.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0,00	\$0,22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$2,87	\$2.87	75.55		40.41	40.00			\$3,00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$24.57	\$6.84	\$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	\$227.34	\$121.64	\$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	\$157.68									

	Provider: Signature HC - Marietta		Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13,37%	Cas	e Mix Index ((CMI) Data d Overall CMI:	•	Facility Specific 1,4557	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours pe		trly BIMS score	13.4%	0.0%	Ortrly Mcaid	Quarterly I	Medicaid CMI; Wght Options:		1.4557 1.5188 1.5449	1,3617 1,4446 1,4694
Lin #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Ь	C	d	e	Signification	g	Harring (grant)	eteleschieniler	
9	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$11,173,029	\$5,062,882	\$0	\$1,030,053	\$499,746	\$498,710	\$2,639,988	\$93,123	\$1,348,527	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$616,125)	\$62,898	\$0	(\$3,539)	(\$1,128)	(\$3,984)	(\$750,387)		(\$28,993)	\$109,008
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$10,556,904	\$5,125,780	\$0	\$1,026,514	\$498,618	\$494,726	\$1,889,601	\$93,123	\$1,319,534	\$109,008
8	Total Nursing Facility Days As Filed Days = 53,277	FY12 Audited C/R Days	53,277									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,909	FY 18 GL-PL Ins Rpt Days								46,909		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$198.40	\$96.21	\$0.00	\$19.27	\$18.64	(with L&H)	\$35.47	\$1.99	\$24.77	\$2.05
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4557</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	,, ,	RS = Ln 11, AliOthr = Ln 9		\$66.09	\$0.00	\$19.27	\$18.64		\$35,47	\$1.99	\$24.77	\$2.05
13	,	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	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
15		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		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		per Current Qtr End	V 1.55.51	1.5449	40.00	420.07	4 2.1.10	Ψ0.00	\$20.01	\$1,55	\$12.00	Ψ2.03
18		Ln 16 x Ln 17		\$115,76								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$197.47	\$115,76	\$0.00	\$20.87	\$21,13	\$0.00	\$23.31	\$1,99	\$12.36	\$2.05
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00			,	,			33.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$21.51	\$4.00	\$0.00	\$0,00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	En 19 + Lπ 24	\$218.98	\$119.76	\$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	\$151.41						1			
			: i									

	ovider: Signature Healthcare of Savannah rdr ID: 00083157A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score	Facility Score N/A 23.7% 3,49	Add-on Percent 13.37% 1.0% 3.0%	***************************************	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.6565 1.6207 1.6491	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	5	c	d de	e	1990999 † 1900994	g	g	h	10000
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	\$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)	1 1	(\$47,579)	\$49,642
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$5,681,850	\$3,316,405	\$0	\$576,409	\$228,810	\$319,959	\$1,057,015	\$35,183	\$98,427	\$49,642
8	Total Nursing Facility Days As Filed Days = 39,800	FY12 Audited C/R Days	39,800							-	•	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 38,127	FY 18 GL-PL Ins Rpt Days								38,127		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$142.80	\$83,33	\$0.00	\$14.48	\$13.79	(with L&H)	\$26,56	\$0.92	\$2,47	\$1,25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6565</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.31								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50.31	\$0.00	\$14.48	\$13.79		\$26.56	\$0.92	\$2.47	\$1.25
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$111,56	\$50.31	\$0.00	\$14.48	\$13.79		\$20,56	\$0.92	10.25	\$1.25
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$13.26	\$6.73	\$0.00	\$1,94	\$1.84	\$0.00	\$2,75	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.82	\$57.04	\$0.00	\$16.42	\$15.63	\$0.00	\$23.31	\$0.92	\$10,25	\$1,25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.6491								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$94.06								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$161.84	\$94.06	\$0.00	\$16.42	\$15.63	\$0.00	\$23,31	\$0.92	\$10,25	\$1.25
	Quarterly Per Diem Add-on Amounts										:	
20	Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.94	\$0.94	55.50	40.22	40.41	Ψυ.συ	Ψ0.00		φυ.συ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cal b x Sting Add-on	\$2.82	\$2,82								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	"					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.02	\$4.29	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	in 19 + in 24	\$183.86	\$98.35	\$0.00	\$16.64	\$16.04	\$0.00	\$40.41	\$0.92	\$10.25	\$1.25
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$125.07			<u> </u>		1	J			

	ovider. Smith Medical Nursing Care Center ordr ID: 00143008A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score		Add-on Percent 13.37% 2.5% 0.0%			i Overall CMI: dedicaid CMI:	:	Facility <u>Specific</u> 0.9535 0.9835 0.9934	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	c	đ	ė	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
Ī		(see Policy Manual)		1	1	2	1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Posty Manual)		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	7		
	Peer Group Standards & Efficiency Measure Limits						07.004		ro and			
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0%	90,0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0,00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Sives Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$1,363,450	\$642,300	\$0	\$167,569	\$80,015	\$112,658	\$279,616	1 1	\$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	1 1	(\$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 Scvcs	Ln 7 / Ln 8 Col a	\$78,61	\$37.81	\$0.00	\$9.86	\$11.33	(with L&H)	\$15.00	\$2.81	\$0.93	\$0.87
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		0.9535								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$39,65		60.00	644.00		\$15,00	\$2.81	\$0.93	\$0.87
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS ≃ Ln 11, AliOthr = Ln 9		\$39.65	\$0.00	\$9.86	\$11.33 \$23.09		\$15,00	1 1	\$0.93 N/A	30.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of En 12 or En 13	600.70	\$71.51	\$0.00	\$18.41 \$9.86	\$23.09		\$15.00	1	10.18	\$0,87
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of En 12 of En 13	\$89,70	\$39.65	\$0.00	\$9,50	\$11.55		\$15,00	\$2.01	(FRV)	30,07
	Quarterly Per Diem Rate Prior to Add-ons										- 445	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$10.14		\$0.00	\$1.32	\$1.51	\$0.00	\$2.01		N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$99.84	\$44.95	1	\$11.18	\$12.84	\$0.00	\$17.01	\$2.81	\$10,18	\$0.87
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9934								
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$44.65	i	244.40	\$12.84	\$0.00	\$17.01	\$2.81	\$10,18	\$0.87
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOthr = £n 16	\$99.54	\$44.65	\$0.00	\$11.18	\$12,84	\$0.00	\$17.01	\$2.01	\$10.10	\$0.01
	Quarterly Per Diem Add-on Amounts			}						į		
20	Efficiency Add-on Per Diem ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	1		\$0.22	\$0.41	\$0.00	\$0.37	'	\$0.00	1
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Lл 19 Col b x CPS Add-on	\$1.12	I.				1				
22	Nurse Staff Hrs / Quality Add-on Per Diem = 0.0% (to Routine Srvcs)	Ln 19 Col b x Sifng Add-on	\$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	\$19.75	· · · · · · · · · · · · · · · · · · ·		 	\$0,41	\$0.00	\$17.47		\$0,00	+
25	Quarterly Case Mix Based Per Diem Rate	រភ 19 + L∩ 24	\$119.29	\$46.30	\$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	\$76.64									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
				-1								

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

	rovider: Social Circle Nursing and Rehab Center rvdr ID: 00143041A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours per	Qtri	th Allowance; y BIMS score		Add-on Percent 13.37% 2.5% 3.0%			Overall CMI Medicaid CMI	:	Facility <u>Specific</u> 1.5267 1,5675 1.5971	State- wide 1.4014 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operains & Maint	Admin and General	A&G- GL-Pt.	Property and Related	Taxes and Insurance
			а	b	С	d	e	f	g		ħ	i
С	ASE MIX BASED RATE CALCULATIONS											
-		Const Challer Manually		1	1	2	1	1	1			
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities	All Facilities	Free Standing	T 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	1		
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%]		
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0,00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$2,096,935	\$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 Adjstmts	(\$19,636)	\$0	so.	\$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		l
9	Net Per Diems prior to Case Mix Adjstrnt to Routine Srvcs	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		<u>1.5267</u>								
11.	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$71,60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$71,60	\$0.00	\$18.51	\$16.53		\$36.09	1	\$17.60	\$0.74
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73.31	\$0.00	\$19.52	\$23.55		\$24.02	1	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										(1777)	
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		1.5971				ĺ	İ			
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$129.64								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$206.72	\$129,64	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$3.24	\$3.24							,	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$3.89	\$3.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.39	\$7.66	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$232.11	\$137.30	\$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	\$161.26		1	1						

Case Mix Per Diem Rate Effective Date: 10/1/2019 Nurse Hours per On-Side Day/Quality Incentive: 4.17 3.0% Case Mix Per Diem Rate Effective Date: 16/23 1.6731 1.6731 1.6731 1.6732 1.6732	1.3617 1.4446 1.4694 Taxes and Insurance
Description Description	and Insurance
Case Mix Base profit Peer Group Case Mix Base Period Peer Group Case Mix Base Period Peer Group Case Mix Base Period Per Diem Allowed Amounts Case Policy Manual) Case Mix Base Period Per Diem Allowed Amounts Case Mix Base Period Per Diem Spirot Ocase Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt to Routine Stycs Case Mix Adjstmt Case Mix Adjstmt Case Mix Adj	\$0
1 Cost Center Peer Groups	
Type of Facility within Peer Group Bed Sizes All Facilities Bed Sizes All Bed Sizes Al	
Peer Group Standards: Percentile (see Policy Manual) (see Po	
As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts FY12 Audited C/R FY12 Audited C/R Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt FY18 GL-PL Ins Rpt Days FY18 GL-	
As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustments Cost Center Costs After Audit Adjustments FY12 Audited C/R Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,588 FY 18 GL-PL Ins Rpt Days Net Per Diems prior to Case Mix Adjistm to Routine Srvcs FY12 Audited C/R Base Period Facility Case Mix Index for All Residents As Filed Costs Center Costs (Routine & Special Srvcs Combined) FY12 C/R -FY 2018 GL-PL Rpt Sp,549,981 Sp,544,070 Sp,642 Sp,649,981 Sp,649	
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts (\$29,285) (\$707) \$0 (\$3,735) \$0 \$0 (\$28,578) Cost Center Costs After Audit Adjustments FY12 Audited C/R \$1,111,404 \$147,464 \$1,273,085 FY12 Audited C/R Days Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,588 FY18 GL-PL Ins Rpt Days PY18 GL-PL Ins Rpt Days In 7/Ln 8 Col a \$181.22 \$95.32 \$0.00 \$16.92 \$19.01 (with L&H) \$21.13 \$2.98 \$24.2	
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 \$1,273,08 8 Total Nursing Facility Days As Filed Days = 52,588 FY12 Audited C/R Days 52,588 FY18 GL-PL Ins Rpt Days 9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$181.22 \$95.32 \$0.00 \$16.92 \$19.01 (with L&H) \$21.13 \$2.98 \$24.2 \$1.00 \$1.4974	
8 Total Nursing Facility Days As Filed Days = 52,588 FY12 Audited C/R Days 52,588 FY 18 GL-PL Ins Rpt Days FY 18 GL-PL Ins Rp	\$86,867
9 Net Per Diems prior to Case Mix Adjistmt to Routine Srvcs Ln 7 / Ln 8 Col a \$181.22 \$95.32 \$0.00 \$16.92 \$19.01 (with L&H) \$21.13 \$2.98 \$24.2 \$10 Base Period Facility Case Mix Index for All Residents	7.00,000
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.4974	
· · · · · · · · · · · · · · · · · · ·	\$1.65
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$63.66	
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$63.66 \$0.00 \$16.92 \$19.01 \$21.13 \$2.98 \$24.2	\$1.65
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$18.41 \$23.09 \$20.56 \$0.00 N//.	
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 13.7 (FRV	\$1.65
Quarterfy 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 \$13.7	\$1.65
17 Quarterly Facility Case Mix Index for Medicaid Residents per Current Qtr End 1.6791 18 Ortrly Routine Strycs Case Mix Adistd (CMA) Net Per Diem La 16 x La 17 5121 18	
VI-1110	
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$203.55 \$121.18 \$0.00 \$19.18 \$21.55 \$0.00 \$23.31 \$2.98 \$13.7	\$1.65
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 = 2.5% (to Routine Sivs) Ln 19 Col b x CPS Add-on \$3,03 \$3,03	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$3.64 \$3.64	
23 Nursing Home Provider Fee (Fixed Amount) \$17.10	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.93 \$7.20 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.0	\$0.00
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$228.48 \$128.38 \$0.00 \$19.40 \$21.96 \$0.00 \$40.41 \$2.98 \$13.7	\$1.65
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$158.54	405

1	ovider: Southland Healthcare & Rehab Ctr. vdr ID: 00143558A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; ttrly BIMS score	29.2%	Add-on <u>Percent</u> 13.37% 1.0% 2.0%	***************************************	Quarterly !	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5242 1.3449 1.3655	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
[40:00]			a	ь	c	d	e	isticija f ektioori	g	g	genderleit h ergespiele	rizio po Uria de
4	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50,0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$5,167,749	\$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-PŁ Ins. Rpt As Filed Days = 33,391	FY 18 GL-PL Ins Rpt Days								33,391		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$130.62	\$63,63	\$0.00	\$13.64	\$16.62	(with L&H)	\$15,60	\$1.47	\$18,75	\$0.91
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5242</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$41,75								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$41,75	\$0.00	\$13.64	\$16.62		\$15.60	\$1.47	\$18.75	\$0,91
14	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits	****	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$97.95	\$41.75	\$0.00	\$13.64	\$16,62		\$15.60	\$1,47	7.96 (FRV)	\$0.91
	Quarterly Per Diem Rate Prior to Add-ons										(****/	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$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>1.3655</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$64.63								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$126,96	\$64.63	\$0.00	\$15.46	\$18.84	\$0.00	\$17,69	\$1.47	\$7.96	\$0,91
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0,00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.65	\$0.65								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Stros)	Ln 19 Col b x Strng Add-an	\$1.29	\$1.29								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.57	\$2.47	\$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 + t.n 24	\$147.53	\$67.10	\$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	\$97.82							· · · · · · · · · · · · · · · · · · ·		

Provider;	Sparta Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- _wide_
Prvdr ID:	00143063A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	N/A 32,3% 3.08	13,37% 2.5% 3.0%	Base Period Overall CM; Quarterly Medicaid CMI: Qrtrly Mcaid CMI w RUG Wght Options;	1.0832 1.2242 1.2398	1.3617 1,4446 1,4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1.20000			a de la constanta	b	C.	d	: ::::::::::::::::::::::::::::::::::::	₩₩₩##	iiii) iir giii	g	ijengile h ijennye:	.;;;;;k;;; l
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0,41		50,0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rpt	#0 400 705	04 040 040								
6	As Filed Cost Center Costs (Routine & Special Stycs Combined)	·	\$3,180,795	\$1,640,812	\$0	\$361,806	\$192,153	\$210,047	\$400,887	\$77,632	\$297,458	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$39,489)	(\$22,810)	\$0 \$0	\$0	\$0	\$0	(\$16,679)	277 222	(\$16,933)	\$16,933
8	Total Nursing Facility Days As Filed Days = 25,400	FY12 Audited C/R Days	\$3,141,306 25,400	\$1,618,002	3 0	\$361,806	\$192,153	\$210,047	\$384,208	\$77,632	\$280,525	\$16,933
"	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,443	FY 18 GL-PL Ins Rpt Days	25,400							75 440		
9	Net Per Diems prior to Case Mix Adistmt to Routine Srycs	Ln 7 / Ln 8 Col a	\$123.66	\$63,70	\$0.00	\$14.24	645.00	A 1 07.71	045.40	25,443	24.54	
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$123,00	1,0832	\$0.00	\$14.24	\$15.83	(with L&H)	\$15,13	\$3.05	\$11.04	\$0.67
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.81								
12	Net Per Diems after Case Mix Adjistmt to Routine Srycs	RS = Ln 11, AliOthr = Ln 9		\$58.81	\$0.00	\$14.24	\$15.83		\$15.13	\$3.05	\$11.04	\$0.67
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	30.07
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		\$20.56	\$3.05	8.35	\$0.67
	,		\$110.00	400.01	00.00	V17.27	\$13.33		\$10.10	\$3.03	(FRV)	\$0.07
	Quarterly Per Diem Rate Prior to Add-ons										,	
15	Growth Allowance Percentage = 13.37%	Lл 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)	En 14 + Lก 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		1,2398		ļ						
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.66								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$145,97	\$82.66	\$0.00	\$16.14	\$17.95	\$0.00	\$17.15	\$3.05	\$8.35	\$0.67
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Rautine Srvs)	En 19 Col b x CPS Add-on	\$2.07	\$2.07								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.18	\$5.08	\$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	\$169.15	\$87.74	\$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	(£n 25 - £n 23) * 0,75	\$114.04									

1	Provider: St. Joseph's Transitional Care Unit Prvdr ID: 00851243A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: httly BIMS score	0.0%	Add-on Percent 13.37% 0.0% 0.0%	***************************************	Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 2.4830 1.4446 1.4694	State- wide 1,3617 1,4446 1,4694
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			and and the	ь.	C	d	е	Manage Committee	iii ng	g	- h	idendi I ilino.
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facililles All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100,0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$1,237,277	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$306,232	\$6,699	\$170,923	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$9,363)	\$0	\$0	\$0	\$0	\$0	(\$9,363)		(\$3,884)	\$3,884
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$1,227,914	\$551,558	\$0	\$63,792	\$65,869	\$72,204	\$296,869	\$6,699	\$167,039	\$3,884
8	Total Nursing Facility Days As Filed Days = 3,195	FY12 Audited C/R Days	3,195									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 3,180	FY 18 GL-PL ins Rpt Days								3,180		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$384.35	\$172.63	\$0.00	\$19,97	\$43.22	(with L&H)	\$92.92	\$2,11	\$52.28	\$1.22
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		2.4830								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$69.52								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$69.52	\$0.00	\$19.97	\$43.22		\$92.92	\$2,11	\$52.28	\$1.22
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	,	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
46	Quarterly Per Diem Rate Prior to Add-ons	Ln 14 x Grwth Allwnc %	047.00			****						
15 16		Ln 14 x Grwin Allwing %	\$17.80	\$9,29	\$0.00	\$2.67	\$3.09	\$0.00	\$2.75	N/A	N/A	N/A
17	1	per Current Qir End	\$169.72	\$78.81	\$0,00	\$22.64	\$26.18	\$0,00	\$23,31	\$2.11	\$15.45	\$1,22
18		La 16 x La 17		1.4694 \$115.80								
19		RS = Ln 18, AllOlhr = Ln 16	\$206.71	\$115.80 \$115.80	\$0.00	\$22.64	\$26.18	\$0.00	\$23.31	\$2.11	\$15.45	\$1,22
	Quarterly Per Diem Add-on Amounts	from Pathy										
20		(see Policy Manual)	\$0.75	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 0.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0.00								
22		Ln 19 Col b x Strng Add-on	\$0.00	\$0.00								
23 24	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

\$224.56

\$155,60

\$116.33

\$0.00

\$22.86

\$26.18

\$0.00

\$40.41

\$2.11

\$15.45

\$1.22

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

25 Quarterly Case Mix Based Per Diem Rate

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provid Prvdr		Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive;	Facility Score N/A 16,0% 3,86	Add-on Percent 13,37% 0.0% 2.0%		od Overall CMI; / Medicaid CMI;	1.3174	State- wide 1.3617 1.4446 1.4694
Line #	Description		So Calc	urces / Totals Routine Services ulations a b	Special Services c	Dietary d	Laundry & Plant Operating A Maint Plant Operating A Maint	Admin and General g	A&G-GL-PL Property and Related p	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Services	Services	Dietary	Houskpag	Operatns & Maint	and General	Insurance	and Related	and Insurance
			a	b	owie C	d	e	100000 f 1000000	g	g	Distriction h erent and	paraja.1 a jijir
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	•			All Ded Giles	All Ded Sizes	All Ded Sizes	Au bed alzes	All Ded Sizes	All Ded Sizes			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,668,797	\$1,907,109	\$0	\$381,810	\$100,679	\$237,712	\$525,214	\$47,619	\$468,654	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$8,898)	(\$5,436)	\$0	(\$1,961)	\$0	\$0	(\$3,809)		(\$14,846)	\$17,154
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,659,899	\$1,901,673	\$0	\$379,849	\$100,679	\$237,712	\$521,405	\$47,619	\$453,808	\$17,154
8	Total Nursing Facility Days As Filed Days = 16,235	FY12 Audited C/R Days	16,235									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,779	FY 18 GL-PL ins Rpt Days								15,779		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$225.52	\$117.13	\$0.00	\$23.40	\$20.84	(with L&H)	\$32.12	\$3.02	\$27.95	\$1.06
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.6519</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.91								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$70.91	\$0.00	\$23.40	\$20,84		\$32.12	\$3.02	\$27.95	\$1.06
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$162.67	\$70.91	\$0.00	\$18.41	\$20.84		\$20.56	\$3.02	27.87	\$1.06
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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		1.3400								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$107.72								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = En 16	\$207.48	\$107.72	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$0.00	\$0,00								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.15	\$2.15							!	
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$20.11	\$2,60	\$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	\$227.59	\$110.32	\$0.00	\$20.87	\$24.04	\$0,00	\$40.41	\$3.02	\$27.87	\$1.06
					<u> </u>			L	1	<u></u>		

\$157.87

(Ln 25 - Ln 23) * 0.75

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

1	ovider: Summerhill Elderliving Home vdr (D: 00142139A Case Mix Per Diem Rate Effective Date: MD\$ & Nurse Hrs Data per Quarter Ending:	10/1/2019	-	owth Allowance: trly BIMS score	45.1%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1,3692 1,4899 1,5146	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	c	d		f	g	g	a dagada heyerina	i
C	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,273,605	\$4,493,073	\$0	\$1,081,800	\$525,800	\$577,474	\$1,045,895	\$121,065	\$428,498	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$90,357)	(\$80,228)	\$0	\$0	(\$159)	\$73,654	(\$76,632)		(\$59,884)	\$52,892
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,183,248	\$4,412,845	\$0	\$1,081,800	\$525,641	\$651,128	\$969,263	\$121,065	\$368,614	\$52,892
8	Total Nursing Facility Days As Filed Days = 55,253	FY12 Audited C/R Days	55,253									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 57,192	FY 18 GL-PL Ins Rpt Days								57,192		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$148.04	\$79.87	\$0.00	\$19.58	\$21.30	(with L&H)	\$17,54	\$2.12	\$6,67	\$0.96
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3692</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.34								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.34	\$0.00	\$19,58	\$21.30		\$17.54	\$2.12	\$6.67	\$0.96
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.50	\$58,34	\$0.00	\$18.41	\$21.30		\$17.54	\$2.12	13.83	\$0.96
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Lri 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)	En 14 + La 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		1.5146								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.18								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$182,00	\$100.18	\$0.00	\$20.87	\$24.15	\$0,00	\$19.89	\$2,12	\$13.83	\$0,96
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srys)	Ln 19 Col b x CPS Add-on	\$5.51	\$5.51							\$3.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	\$3.01								
23	Nursing 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	\$9.05	\$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	\$208.93	\$109.23	\$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	\$143.87	}		II			l			

Provider: Syl-View Health Care Center, Inc. Prvdr ID: 00040796A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: ttrly BIMS score	42.0%	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.1798 1.4547 1.4814	State- wide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
		internacións	b	С	d	•	f	g	g	h	zasa. zasa. Lundi
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,902,776	\$2,054,107	\$0	\$497.355	\$318,621	\$206,770	\$442,929	\$85.829	\$297,165	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$135,020)	(\$38,629)	\$0	(\$1,545)	(\$611)	\$0	(\$91,419)	300,020	(\$24,967)	\$22.151
7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,767,756	\$2,015,478	\$0	\$495,810	\$318,010	\$206,770	\$351,510	\$85,829	\$272,198	\$22,151
8 Total Nursing Facility Days As Filed Days = 34,197	FY12 Audited C/R Days	34,197					•		,		,
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,272	FY 18 GL-PL Ins Rpt Days								27,272		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$110.83	\$58.94	\$0.00	\$14.50	\$15.35	(with L&H)	\$10.28	\$3,15	\$7.96	\$0.65
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1798</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$49.96								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$49.96	\$0.00	\$14.50	\$15.35		\$10.28	\$3.15	\$7.96	\$0.65
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$101,78	\$49.96	\$0,00	\$14.50	\$15.35		\$10.28	\$3,15	7.89 (FRV)	\$0.65
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwac %	242.24	20.00								
15 Growth Allowance Percentage = 13.37% 16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$12.04 \$113.82	\$6.68 \$56.64	\$0,00	\$1.94	\$2.05	\$0.00	\$1.37	N/A	N/A	N/A
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$113.02	1,4814	\$0.00	\$16.44	\$17.40	\$0.00	\$11.65	\$3.15	\$7.89	\$0,65
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Le 16 x Le 17		1,4814 \$83.91								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$141.09	\$83.91	\$0,00	\$16.44	\$17,40	\$0.00	\$11.65	\$3.15	\$7.89	\$0,65
Quarterly Per Diem Add-on Amounts											
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0,41	\$0.00	\$0.37		\$0.00	
21 BIMS Add-on Per Diem ≈ 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.10	\$2.10	, i						13.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.52	\$2.52			:					
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10				i		\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.25	\$5.15	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate	Ln 19 + Լո 24	\$164.34	\$89.06	\$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	\$110.43						1		•	

	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		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,5802	1,3617
1		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	32.3%	2.5%	Quarterly Medicaid CMI:	1,4821	1,4446
l		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.26	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.5068	1.4694
L									

<u> </u>			-		1						1.0000	1,7004
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
22.55			: a	Materials between	C C	d		449 (4 F 44) (4)	g	g	in in h	aanii jiraa
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6 7 8	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 44,915	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts FY12 Audited C/R FY12 Audited C/R Days	\$7,904,994 (\$803,200) \$7,101,794	\$3,457,694 (\$251,995) \$3,205,699	\$0 \$0 \$0	\$636,771 (\$5,485) \$631,286	\$357,288 (\$2,580) \$354,708	\$370,163 \$724 \$370,887	\$1,576,669 (\$631,432) \$945,237	\$172,244 \$172,244	\$1,334,165 (\$14,266) \$1,319,899	\$0 \$101,834 \$101,834
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 45,494 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents	FY 18 GL-PL ins Rpl Days Ln 7 / Ln 8 Col a from 4 qirs of FY12	44,895 \$158.13	\$71,40 <u>1.5802</u>	\$0.00	\$14.06	\$16.16	(with L&H)	\$21.05	45,494 \$3.79	\$29.40	\$2.27
11 12 13 14	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Net Per Diems after Case Mix Adjstmt to Routine Srvcs Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	Ln 9 / Ln 10 RS = Ln 11, AilOlhr = Ln 9 per Peer Group Limits Lesser of Ln 12 or Ln 13	\$120.01	\$45.18 \$45.18 \$71.51 \$45.18	\$0.00 \$0.00 \$0.00	\$14,06 \$18,41 \$14,06	\$16.16 \$23.09 \$16.16		\$21.05 \$20.56 \$20.56	\$3.79 \$0.00 \$3.79	\$29.40 N/A 17.99	\$2.27 \$2.27
15	Quarterly Per Diem Rate Prior to Add-ons 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	(FRV) N/A	N/A
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 14 + £n 15 per Current Qtr End £n 16 x £n 17	\$132.84	\$51.22 <u>1.5068</u> \$77.18	\$0,00	\$15.94	\$18.32	\$0.00	\$23.31	\$3.79	\$17.99	\$2.27
19	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-on Amounts	RS = Ln 18, AllOthr = Ln 16	\$158,80	\$77.18	\$0.00	\$15.94	\$18.32	\$0.00	\$23,31	\$3.79	\$17.99	\$2.27
20 21 22 23	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	(see Policy Manual) Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$1,16 \$1,93 \$2,32 \$17,10	\$0.53 \$1.93 \$2.32	\$0.00	\$0.22	\$0.41	\$0.00	\$0,00		\$0.00	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Ens 20 thru 23	\$17,10	\$4.78	\$0.00	\$0,22	\$0.41	\$0,00	\$17.10 \$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$181.31	\$81.96	\$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	\$123.16					l	1	<u>. </u>		

	ovider: Tattnall Nursing, LLC vdr ID: 00143228A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance; trly BIMS score	Facility Score N/A 38.2% 2.59	Add-on Percent 13.37% 2.5% 3.0%			Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1942 1.3551 1.3794	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and (nsurance
			а	ь	c	ď	e	f	g	g	h	i
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
İ	Bed Size Range within Peer Group			All Ded Sizes	An Deu Sizes	All Bed Sizes	Por Edu Sizes	All Dec 31762	Air Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulipiler Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)	7777	90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% 30.41		50.0% 105.0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,042,069	\$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	\$19,88
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,088,143	\$1,466,154	\$0	\$342,876	\$202,652	\$203,189	\$537,735	\$19,237	\$296,418	\$19,882
8	Total Nursing Facility Days As Filed Days ≈ 30,506	FY12 Audited C/R Days	30,506									
	Total Nursing Facility Days GL-PL, Ins. Rpt As Filed Days = 27,626	FY 18 GL-PL Ins Rpt Days								27,626		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$101,30	\$48.06	\$0.00	\$11.24	\$13.30	(with L&H)	\$17,63	\$0.70	\$9,72	\$0.6
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1942</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$40.24		04404	245.00		047.00	60.70	60.70	60.0
.12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$40.24	\$0.00 \$0.00	\$11.24 \$18.41	\$13.30 \$23.09		\$17.63 \$20.56	1	\$9.72 N/A	\$0.6
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limils Lesser of Ln 12 or Ln 13	\$90,41	\$71.51 \$40.24	\$0.00	\$18.41	\$23.09 \$13,30		\$20.56		6.65	\$0.6
. 14	Base Period Case Mix Adjusted Allowed Per Diem	Lessel 01 231 12 0; Cl 1 13	\$80,41	\$40.24	\$0.00	\$11.24	\$13,30		\$17.03	\$0.70	(FRV)	\$0.0.
	Quarterly Per Diem Rate Prior to Add-ons											
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$11.02	\$5.38	\$0.00	\$1.50	\$1.78	\$0.00	\$2.36		N/A	N/A
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	\$0.6
17	Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents	per Current Qlr End		1.3794								
· 18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$62.93		040.74	046.00	60.00	640.00	\$0.70	****	60.6
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$118.74	\$62.93	\$0.00	\$12.74	\$15.08	\$0.00	\$19.99	\$0.70	\$6,65	\$0,6
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Cot b x CPS Add-on	\$1.57	\$1.57								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stress)	Ln 19 Coi b x Stfng Add-on	\$1.89	\$1.89								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17,10	1		
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.09	\$3.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	-	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$140.83	\$66.92	\$0.00	\$12.96	\$15.49	00.00	\$37.46	\$0.70	\$6.65	\$0.68
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$92.80									
27	Minimum Quarterly Case Mix Based Per Diem Rate	A CONTRACTOR OF THE PROPERTY O	\$147.00	1								

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$97.43

(Ln 27 - Ln 23) * 0.75

					Facility	Add-on		Facility	State-
	Provider:	Taylor County Health Care		Add-on Data and Percentages	_Score_	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	_wide_
	Prvdr ID:	00432924A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,2388	1.3617
-		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	40.0%	2.5%	Quarterly Medicaid CMI:	1,5728	1.4446
		MDS & Nurse Hrs Data per Quarter Ending;	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.31	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.5998	1.4694
- 1	i .								

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a (1997)	manas b alana	C	ď	е	ggwyt f gwyd	g g	g	iigasiinaahaa agaa	aan ni Tahara
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,232,924	\$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	FY12 Audited C/R Days	23,918									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,022	FY 18 GL-PL Ins Rpt Days								26,022		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$134.27	\$69.28	\$0.00	\$14.69	\$15.49	(with L&H)	\$18.05	\$2.87	\$12.36	\$1.53
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2388</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$55.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$119.51	\$55.92	\$0.00	\$14.69	\$15.49		\$18,05	\$2.87	10.96	\$1.53
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 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		1.5998								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 16 x Ln 17		\$101,43								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$171.46	\$101,43	\$0,00	\$16.65	\$17.56	\$0.00	\$20.46	\$2.87	\$10.96	\$1.53
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.54	\$2.54	30.00	30.22	\$0.41	\$0.00	\$0.57		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvs)	La 19 Col b x Slfng Add-on	\$3.04	\$3.04								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	ψ0.0 4					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.21	\$6.11	\$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	\$195.67	\$107.54	\$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	(£n 25 - £n 23) * 0.75	\$133.93			<u> </u>			<u>L</u>	J		L

Line Description Sources / Totals Routine Special Dietary Housenge And Activities and Activities and Activities and Activities Services Se	Taxes and surance	1.2877 1.7219 1.7551		MI) Data Overall CMI: fedicaid CMI; Vght Options:	Base Period		Percent 13.37% 1.0% 3.0%	Score N/A 28.9% 2.98	wth Allowance; trly BIMS score		10/1/2019	wider: The Center for Advanced Rehab @ Parkside vdr ID: 00083102A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:
Case MIX Based Rate Calculations Cost Center Peer Groups (see Policy Manual) 1	ii. Leedin	and		and	Operatns		Dietary		MORE CONTRACTOR AND ADMINISTRAL	Totals		Description
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Type of Facility within Peer Group All Facilities All F		Ricoriano h illojano ana	g	iron g hilis	iii ee fiigeal	e	d.	C	i i i i i i i i i i i i i i i i i i i	ijimii a musiy		
Type of Facility within Peer Group All Facilities A		,										ASE MIX BASED RATE CALCULATIONS
2 Peer Group Standards: Percentile (see Policy Manual) (se				All Facilities	All Facilities	All Facilities	Hosp Based	All Facilities			(see Policy Manual)	Type of Facility within Peer Group
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined) As Filed FY12 C/R -FY 2018 GL-PL Rpt \$7,400,148 \$3,792,296 \$0 \$907,033 \$201,398 \$519,375 \$774,710 \$148,372 \$1,056,964				105.0%		100.0%	100.0%	100.0%	100.0%		(see Policy Manual)	Peer Group Standards: Percentile Peer Group Standards: Multiplier
47,110 410,007												Base Period Per Diem Allowed Amounts
6 Audit Adjustments and Reallocations to Cost Center Costs FY12 C/R Audit Adjustmts (\$746,168) (\$451,129) \$0 (\$511,366) \$42,623 (\$25,223) \$276,239 (\$79,976)	\$0	\$1,056,964	\$148,372	\$774,710	\$519,375	\$201,398	\$907,033	\$0	\$3,792,296	\$7,400,148	As Filed FY12 C/R -FY 2018 GL-PL Rpt	As Filed Cost Center Costs (Routine & Special Srvcs Combined)
	\$2,664	(\$79,976)		\$276,239	(\$25,223)	\$42,623	(\$511,366)	\$0	(\$451,129)	(\$746,168)	FY12 C/R Audit Adjstmts	Audit Adjustments and Reallocations to Cost Center Costs
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	\$976,988	\$148,372	\$1,050,949	\$494,152	\$244,021	\$395,667	\$0	\$3,341,167	\$6,653,980	FY12 Audited C/R	Cost Center Costs After Audit Adjustments
8 Total Nursing Facility Days As Filed Days = 34,873 FY12 Audited C/R Days 35,236										35,236	FY12 Audited C/R Days	Total Nursing Facility Days As Filed Days = 34,873
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354 FY 18 GL-PL Ins Rpt Days 43,354	:		43,354								• •	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 43,354
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Ln7/Ln8 Col a \$188,06 \$94.82 \$0.00 \$11.23 \$20.95 (with L&H) \$29.83 \$3.42 \$27.73	\$0.08	\$27.73	\$3.42	\$29.83	(with L&H)	\$20,95	\$11.23	\$0.00	\$94.82	\$188,06	Ln 7 / Ln 8 Col a	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs
10 Base Period Facility Case Mix Index for All Residents from 4 qtrs of FY12 1.2877									1.2877		•	Base Period Facility Case Mix Index for All Residents
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 9 / Ln 10 \$73.64	•								i			, , , ,
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs RS = Ln 11, AllOthr = Ln 9 \$73.64 \$0.00 \$11.23 \$20.95 \$29.83 \$3.42 \$27.73	\$0.08		\$3.42								·	· •
13 Per Diem Standards (After Statewide CMA for Routine Srvcs) per Peer Group Limits \$71.51 \$0.00 \$29.15 \$23.09 \$20.56 \$0.00 N/A			\$0.00					, , , , ,			·	•
14 Base Period Case Mix Adjusted Allowed Per Diem Lesser of Ln 12 or Ln 13 \$141.99 \$71.51 \$0.00 \$11.23 \$20.95 \$20.66 \$3.42 14.24 (FRV)	\$0,08	i .	\$3.42	\$20.56		\$20,95	\$11.23	\$0.00	\$71.51	\$141,99	Lesser of Ln 12 or Ln 13	Base Period Case Mix Adjusted Allowed Per Diem
Quarterly Per Diem Rate Prior to Add-ons	ļ	(JACV)										Quarterly Per Diem Rate Prior to Add-ons
15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allwarc % \$16.61 \$9.56 \$0.00 \$1.50 \$2.80 \$0.00 \$2.75 N/A N/A	N/A	N/A	N/A	\$2.75	\$0.00	\$2.80	\$1.50	\$0.00	\$9.56	\$16.61	Ln 14 x Grwth Allwnc %	Growth Allowance Percentage = 13.37%
16 CMA Allowed Per Diem (After Growth Allowance Add-on) Ln 14 + Ln 15 \$158.60 \$81.07 \$0.00 \$12.73 \$23.75 \$0.00 \$23.31 \$3.42 \$14.24	\$0.08	\$14.24	\$3.42	\$23.31	\$0.00	\$23.75	\$12.73	\$0.00	\$81.07	\$158.60	Ln 14 + Ln 15	CMA Allowed Per Diem (After Growth Allowance Add-on)
17 Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents per Current QIr End <u>1.7551</u>	İ	,							<u>1.7551</u>			Quarterly Facility Case Mix Index for Medicald Residents
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Ln 16 x Ln 17 \$142.29	İ								\$142.29			
19 Quarterly Medicaid CMA Allowed Per Diem RS = Ln 18, AllOthr = Ln 16 \$219.82 \$142.29 \$0.00 \$12.73 \$23.75 \$0.00 \$23.31 \$3.42 \$14.24	\$0.08	\$14.24	\$3.42	\$23.31	\$0.00	\$23.75	\$12.73	\$0.00	\$142.29	\$219.82	RS = Ln 18, AllOthr = Ln 16	Quarterly Medicaid CMA Allowed Per Diem
Quarterly Per Diem Add-on Amounts	1											Quarterly Per Diem Add-on Amounts
20 Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) (see Policy Manual) \$0.63 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$0.00 \$0.00	İ	\$0.00		\$0,00	\$0.00	\$0.41	\$0.22	\$0.00	\$0.00	\$0.63	(see Policy Manual)	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)
21 BIMS Add-on Per Diem = 1.0% (to Routine Srvs) Ln 19 Col b x CPS Add-on \$1.42 \$1.42	I								\$1.42	\$1.42	Ln 19 Col b x CPS Add-on	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Stfng Add-on \$4.27 \$4.27	l								\$4,27	\$4.27	Ln 19 Col b x Stfng Add-on	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)
23 Nursing Home Provider Fee (Fixed Amount) \$17.10 \$17.10				\$17.10						\$17.10	(Fixed Amount)	Nursing Home Provider Fee
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$23.42 \$5.69 \$0.00 \$0.22 \$0.41 \$0.00 \$17.10 \$0.00 \$0.00	\$0,00	\$0.00	\$0.00	\$17.10	\$0,00	\$0,41	\$0.22	\$0.00	\$5,69	\$23.42	Sum of Lns 20 thru 23	Total Quarterly Per Diem Add-on Amounts
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$243.24 \$147.98 \$0.00 \$12.95 \$24.16 \$0.00 \$40.41 \$3.42 \$14.24	40,00	\$14.24	\$3.42	\$40.41	\$0.00	\$24.16	\$12.95	\$0.00	\$147.98	\$243.24	Ln 19 + Ln 24	Quarterly Case Mix Based Per Diem Rate
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$169,61	\$0.08		-							\$169.61	(Ln 25 - Ln 23) * 0.75	Ouarterly Per Diem Rate for Red Hold and Leave Days

Provider;	The Fountainview	Ctr for Alzheimer's Disease		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- _wide_
Prvár ID;	00421429A	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Growth Allowance: Qirly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	N/A 81.8% 4.19	13.37% 5.5% 3.0%	Base Period Overall CMI: Quarterly Medicaid CMI; Qrtrly Mcaid CMI w RUG Wght Options:	1.2118 1.4515 1.4749	1.3617 1.4446 1.4694
	ana di Arni kanatana mpakangang				Brega Victoriani, c	I manganga Wilad	STATE OF THE STATE	Cinical States and Company	-2.2

-		harman nagangan gangan sa		uvenny kanny neukee.	Maria Maria et al.	I	Linna, su esta esta esta de la linna	1		And to the second		
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			tilli a maili	- b	C	d	androg e andro	······································	44600 g 566 666	g	Marghalan I	1.00 10 10 10 10 10 10 10 10 10 10 10 10 1
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing	1 All Facilities	1 All Facilities	1 All Facilities			
	·			All Ded Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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	FY12 Audited C/R Days	40,759									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 42,441	FY 18 GL-PL Ins Rpt Days								42,441		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$179.08	\$83.48	\$0,00	\$23.10	\$21.89	(with L&H)	\$30,19	\$3.30	\$13.00	\$4.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2118</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$68.89								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$68.89	\$0,00	\$23,10	\$21.89		\$30,19	\$3.30	\$13.00	\$4.12
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limils		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$151.20	\$68.89	\$0,00	\$18.41	\$21.89		\$20,56	\$3.30	14.03	\$4,12
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$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		1.4749						,	******	,
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$115.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOthr = Ln 16	\$205.64	\$115.19	\$0,00	\$20.87	\$24.82	\$0.00	\$23,31	\$3.30	\$14.03	\$4.12
	Overstands Dan Diago Adul are Assessed											
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	į	\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.34	\$6.34	QU.UU	30.00	\$ 0.41	\$0.00	\$0,00		₩.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.46	\$3.46								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	90.40					\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$17.10	\$10.33	\$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	\$233.48	\$125.52	\$0.00	\$20.87	\$25.23	\$0.00	\$40,41	\$3,30	\$14.03	\$4.12
26	Quarterly Pay Diam Date for Pay Hold and Lague Days	## 1 - 25						1	1	4	¥,1100	1
20	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - £n 23) * 0,75	\$162.29									

Quarterly Case Mix Per Diem Calculation

FINAL

Γ-					Facility	Add-on					Facility	State-
	Provider: The Lodge		Add-on [ata and Percentages	Score	Percent		Case Mix Index	(CMI) Data		Specific	wide
1 '	Prvdr ID: 00142381A			Growth Allowance:	N/A	13.37%		-	nod Overall CMI:		1.4841	1.3617
'	H/B ?: No Case Mix Per Diem Rate Effective Date:	10/01/19		BIMS:	41.9%	2.5%			ly Medicaid CMI:		1.6926	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:		rea House not On Si	te Day/Quality Incentive:	4.63	3.0%	Ortely N		G Wght Options:		1,7260	1.4694
	WIDS & Nuise his Data per Quarter Chaing.	0000019 140	ase rious per Oiro	te Dayredality incentive.	4.00	5.070	Quity	IOBIG CIVII W IVO	O vigit Options.		1,1200	1.7004
				Routine	Special		Laundry &	Plant	Admin	A&G- GL-PL	Property	Taxes
Line	Description	Sources /	Totals	Services	Services	Dietary	Houskpag	Operatns	and	Insurance	and	and
#	Description	Calculations		Services	SELVICES		Househild	& Maint	General	mourance	Related	Insurance
			а	ь	С	d	e	f	<u>g</u>		h	l i
C.	ASE 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			
1	Bed Size Range within Peer Group		į	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes			
-	Peer Group Standards & Efficiency Measure Limits					ŀ				1		
1	Peer Group Standards: Percentile			90.0%	90.0%	90.0%	85.0%		50.0%			
-	Peer Group Standards: Multiplier			100.0%	100.0%	100.0%	100.0%		105.0%			
1	Efficiency Measures (Maximums)			\$0.53	\$0.00	\$0.22	\$0.41		\$0.37	į		
	Per Diem Costs and Add-ons				ļ		ļ					1
	GL-PL- Insurance Costs	FY2018 GL-PL Ins. Rpt								\$ 87,427	1	
1	Total Nursing Facility Days GL-PL Ins. Rpt	FY2018 GL-PL Ins. Rpt						ĺ	1	42,182		-
•]	Standard Per Diem (After CMA for Routine Srvcs)	FY 2012 Peer Group Lim	it	\$71.51		\$18.41	\$23.09	1	\$20.56		\$33.69	\$0.00
1	- 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	ļ	\$2.61	ļ		1
	CMA Allowed Per Diem (After Growth Alowance)		\$179.58	\$77.01	ł	\$19.83	\$24.87		\$22.14	\$ 2.07	\$33.65	\$0.00
	Quarterly Facility Case Mix Index for Medicaid Residents		, , , , ,	1.7260	1			******			(FRV Rate)	
	Ortly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem			\$132.92			1		1	İ		
1			\$235.49	\$132.92		\$19.83	\$24.87		\$22.14	\$2.07	\$33.65	\$0.00
-	Quarterly Medicaid CMA Allowed Per Diem		\$255.45	1 5102.52		\$13,00	\$24.01	1	422.14	42.57	400.00	1
	Quarterly Per Diem Add-On Amounts		80.00					ĺ		ł		1
.]	BIMS Add-on Per Diem = 2.5% to Routine Srvs)		\$3.32	\$3.32	1		1	ļ		1		
	Nurse Staff Hrs. / Quality Add-on Per Diem = 3.0%		\$3.99	\$3.99	1		1	l	17.10			
	Nursing Home Provider Fee		\$17.10						17.10			1
	Total Quarterly Per Diem Add-On Amounts		\$24.41		ļ			!	400.04	40.07	400.05	
	Quarterly Case Mix Based Per Diem Rate		\$259.90	\$140.23		\$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%	\$182.10		<u> </u>	l	l	<u> </u>	L		J	1	

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		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4603	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	40.3%	2.5%	Quarterly Medicaid CMI:	1,4316	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.22	3.0%	Ortrly Meald CMI w RUG Wight Options;	1.4571	1,4694
								

Lin #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
000				ь	C	:/::::d::::::ii	e	f	diggragitistis	g	idenstala h dawagag	-decede Pilot
9	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100,0% \$0,41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Stycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,564,531	\$4,722,890	ro.	6970 000	0040440	6 554.000	24 400 440	2.01.001		
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$216,528)	\$4,722,890 (\$4,858)	\$0 \$0	\$870,206 \$0	\$640,113	\$554,298	\$1,162,143	\$404,204	\$210,677	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,348,003	\$4,718,032	\$0	\$870,206	\$0 \$640,113	(\$2,166) \$552,132	(\$207,967) \$954,176	\$404,204	(\$32,151) \$178,526	\$30,614 \$30,614
8	Total Nursing Facility Days As Filed Days = 59,128	FY12 Audited C/R Days	59,128	01,710,002	40	φο, α,200	\$040,710	9002,102	Ψ504,170	\$404,204	\$170,520	\$30,014
	Total Nursing Facility Days GL-PL Ins. Rot As Filed Days = 56,582	FY 18 GL-PL Ins Rpt Days	42,122							56,582		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$141.49	\$79.79	\$0.00	\$14,72	\$20.16	(with L&H)	\$16,14	\$7,14	\$3.02	\$0.52
10		from 4 qtrs of FY12		1,4603		41	520.10	(\$15,17	\$1.14	40.02	4 0.52.
11	1	Ln 9 / Ln 10		\$54.64								
12		RS = Ln 11, AliOthr = 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 Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.51	\$54.64	\$0.00	\$14.72	\$20.16		\$16.14	\$7.14	13.19	\$0.52
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	<u> </u>	£n 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 Otr End		<u>1.4571</u>								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.27								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$168,97	\$90.27	\$0.00	\$16.69	\$22.86	\$0.00	\$18.30	\$7.14	\$13.19	\$0.52
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.26	\$2.26								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$23.60	\$5,50	\$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 + Lπ 24	\$192.57	\$95.77	\$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	\$131,60			<u> </u>						L
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	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		Growth Allowance;	N/A	13.37%	Base Period Overall CMI;	1,5724	1.3617
ı		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	48.1%	5.5%	Quarterly Medicaid CMI;	1,3120	1,4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.96	2.0%	Ortrly Moaid CMI w RUG Wght Options:	1.3331	1.4694
1									

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Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
12.00			yendili a minik	dilik iy bir jeg	Particular College	carre de la la	ijajiasa erika	and the free fifty	on in g. iii in	g	. a. arananga h arangawaga	paral Paral
<u>_</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,769,050	\$3,568,493	\$0	\$547,731	\$464,576	\$483,264	\$915,707	\$250,221	\$539,058	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,154)	(\$11,254)	\$0	\$0	(\$4,637)	(\$4,825)	(\$102,719)		(\$127,392)	\$121,673
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,639,896	\$3,557,239	\$0	\$547,731	\$459,939	\$478,439	\$812,988	\$250,221	\$411,666	\$121, 6 73
8	Total Nursing Facility Days As Filed Days = 34,533	FY12 Audited C/R Days	34,533									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 34,907	FY 18 GL-PL Ins Rpt Days								34,907		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Cola	\$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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$65,51								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65,51	\$0.00	\$15.86	\$27.17		\$23.54	\$7.17	\$11,92	\$3.52
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153.24	\$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										(1/14)	
15	Growth Allowance Percentage = 13.37%	En 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 + £n 15	\$169,96	\$74.27	\$0.00	\$17.98	\$26,18	\$0.00	\$23.31	\$7.17	\$17,53	\$3.52
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		<u>1.3331</u>								
18	Ontrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99,01								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194,70	\$99,01	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.45	\$5.45								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.98	\$1.98								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.28	\$7.96	\$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	\$219.98	\$106,97	\$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	\$152,16			'				····		

	rider: The Oaks at Scenic View on ID: 00178307A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	24.5%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.5260 1.6581 1.6904	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskprig	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	ь	24 C	d	•	///////////F//////////////////////////	g	g	h	gaga (j i)
\neg	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	,	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
1 -	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpl	40,000,710	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)		1	(\$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		

	2 Peer Group Standards: Multiplier 4 Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100,0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
	5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,083,419	\$4,226,764	\$0	\$654,059	\$498,833	\$545,367	\$1,141,692	\$356,084	\$660,620	so
1	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$145,534)	(\$2,957)	\$0	(\$577)	\$0	(\$3,418)	(\$138,181)		(\$107,447)	\$107,046
1	7 Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,937,885	\$4,223,807	\$0	\$653,482	\$498,833	1	\$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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.11	\$88,26	\$0.00	\$13.66	\$21.75	(with L&H)	\$20.97	\$7.67	\$11.56	\$2.24
1	Base Period Facility <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12		1.5260								
1	1 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.84								
1	2 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$57.84	\$0.00	\$13.66	\$21,75		\$20.97	\$7.67	\$11.56	\$2.24
1	3 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09	,	\$20.56	\$0.00	N/A	
1	4 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										(,,,,,	
1	5 Growth Allowance Percentage = 13.37%	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
1	6 CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$149.09	\$65.57	\$0.00	\$15.49	\$24.66	\$0.00	\$23.31	\$7.67	\$10.15	\$2.24
1	7 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	ļ	1.6904								
1	8 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110.84								
1	9 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$194.36	\$110.84	\$0.00	\$15.49	\$24.66	\$0.00	\$23.31	\$7.67	\$10.15	\$2.24
	Quarterly Per Diem Add-on Amounts											
2	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	
2	1 BIMS Add-on Per Diem = 1.0% (to Routine Sivs)	Ln 19 Col b x CPS Add-on	\$1.11	\$1.11								
2	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.33	\$3.33								
2	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
2	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.70	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
2	S Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$217.06	\$115.81	\$0.00	\$15.71	\$25.07	\$0.00	\$40.41	\$7.67	\$10.15	\$2,24
2	6 Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$149.97							· · · · · · · · · · · · · · · · · · ·		······································

1					Facility	Add-on		Facility	State-
ĺ	Provider:	The Oaks Nursing Home, Inc.		Add-on Data and Percentages	Score	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
ı	Prvdr ID:	00142271A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI;	1.2854	1,3617
		Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	48.5%	5.5%	Quarterly Medicaid CMI:	1.8618	1,4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,77	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.8987	1.4694
1									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			2		С	1000 Miles	in propie de francia.	39465 f (1894)	iiii ii g saas	ġ		i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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)	1 1	(\$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	FY12 Audited C/R Days	18,971									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 21,365	FY 18 GL-PL Ins Rpt Days								21,365		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$119.89	\$60.51	\$0,00	\$15.23	\$16.93	(with L&H)	\$20,93	\$1.61	\$2,59	\$2.09
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2854								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$47.08								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$47,08	\$0.00	\$15.23	\$16.93		\$20.93	\$1.61	\$2.59	\$2.09
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$117.10	\$47.08	\$0.00	\$15.23	\$16,93		\$20.56	\$1,61	13.60	\$2.09
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
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)	โก 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		1.8987								
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.33								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178,40	\$101.33	\$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 ((Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0,53	\$0.00	\$0.22	\$0.41	\$0,00	\$0,00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.57	\$5,57	15,00	77.22	\$5.41	45.00	\$5,50		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$26.87	\$9,14	\$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 + i,n 24	\$205.27	\$110.47	\$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	\$141.13							1		

FINAL

Prvd	ider: The Oaks of Athens ir ID: 00140126A /B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nur		ata and Percentages Growth Allowance: BIMS: a Day/Quality Incentive:	Facility Score N/A 21.2% 4.18	Add-on Percent 13.37% 1.0% 3.0%		Quarter	(CMI) Data iod Overall CMI: y Medicaid CMI: 3 Wght Options:		Facility Specific 1.4177 1.4515 1.4780	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a j	b	С	d	e	f	g		h	i
P	MIX BASED RATE CALCULATIONS Post Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Beer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Ber Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qutly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 1.0% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% Nursing Home Provider Fee otal Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$159.61 \$16.97 \$183.89 \$220.70 \$1.14 \$3.41 \$17.10 \$21.65	1 All Facilities All Bed Sizes 90.0% 100.0% \$0,53 \$71.51 \$67.93 \$9.08 \$77.01 1.4780 \$113.82 \$113.82 \$1.14 \$3.41	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14 \$22.14	\$ 356,084 48,701 \$ 7.31 \$7.31	\$30.90 \$30.90 \$30.90 (FRV Rate) \$30.90	
	uarterly Case Mix Based Per Diem Rate	040004	\$242.35	\$118.38	<u> </u>	\$19.83	\$24.87		\$39.24	\$7.31	\$30,90	\$1.82
Le	eave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$168.94	<u> </u>		1	<u> </u>	1	L	i	1		

Provider:	The Oaks of Carrollton			Facility	Add-on		Facility	State-
1			Add-on Data and Percentages	<u>Score</u>	Percent	Case Mix Index (CMI) Data	<u>Specific</u>	wide
Prvdr ID:	00140181A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.5821	1,3617
İ	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	36.4%	2,5%	Quarterly Medicaid CMI:	1,2117	1,4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,79	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1,2324	1.4694

			-				-		- *			
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
111111			a	AMERICA BROWN	C	1000 d 1000	e	f	g	g	ining horses of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts							444				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,037,555	\$1,367,458	\$0	\$234,636	\$223,314	\$223,429	\$506,430	\$101,051	\$381,237	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$45,635)	(\$3,973)	E .	\$0	(\$1,599)	(\$3,386)	(\$34,759)	į .	(\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 14,492	FY 18 GL-PL Ins Rpt Days		***						14,492		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$205.99	\$93.90	\$0,00	\$16.16	\$30.42	(with L&H)	\$32,48	\$6.97	\$20.14	\$5.92
11	Routine Srvcs Case Mix Adjetd (CMA) Net Per Diem	En 9/Ln 10		1.5821 \$59.35								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$59.35 \$59.35	\$0.00	\$16,16	\$30.42		622.40	60.07	000.44	00.00
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$30.42		\$32.48 \$20.56	\$6.97 \$0.00	\$20.14 N/A	\$5.92
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$153,81	\$59.35	\$0.00	\$16.16	\$23.09		\$20.56	\$6.97	21.76	\$5,92
''	2000 F STOLL CLOSE THE FOLIAGE THE STOLL CLOSE		\$155.61	\$05.00	\$0.00	\$10.10	923.05		\$20.56	\$0.57	(FRV)	\$5.92
	Quarterly Per Diem Rate Prior to Add-ons										Ç	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Aliwnc %	\$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		<u>1.2324</u>	ļ							
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.93								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$185.39	\$82.93	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.75	\$0,53	\$0.00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.07	\$2,07			44.44	45.55	10.00		\$0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.49	\$2,49								
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	\$22.41	\$5.09	\$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	\$207.80	\$88.02	\$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	\$143.03		1			l	I	<u> </u>		L
	1		; [

	Provider:	The Place at Deans Bridge		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
İ	Prvdr ID:	00141589A		Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,4214	1.3617
		Case Mix Per Diem Rate Effective Date:	10/1/2019	Otrly BIMS score	36.6%	2.5%	Quarterly Medicaid CMI;	1.3881	1.4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,71	3.0%	Ortrly Meaid CMI w RUG Wight Options:	1.4128	1.4694
1									

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			riespoj a ginstan	b	c	d	jijijijiji e amga aj	f in	g	gripa g agaill	Kişili bili h işamınış	argang i raya.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,709,219	\$2,353,279	\$0	\$469,452	\$245,103	\$221,119	\$735,262	\$200,608	\$484,396	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$347,696)	(\$160,571)	1	\$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									
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,415	FY 18 GL-PL ins Rpt Days								27,415		
10	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a from 4 qtrs of FY12	\$150.72	\$75.57	\$0,00	\$16.20	\$16.02	(with L&H)	\$19,06	\$7.32	\$15.31	\$1,24
11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	10.114 qus 01 F1 12 Ln 9/Ln 10		1.4214 \$53,17								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllQthr = Ln 9		\$53.17 \$53.17	\$0.00	\$16.20	\$16,02		\$19.06	67.00	645.04	64.04
13	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$16,02		\$19.06	\$7.32 \$0.00	\$15.31 N/A	\$1.24
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$122,19	\$53,17	\$0.00	\$16.20	\$16,02		\$19.06	\$7,32	9.18	\$1.24
			VIZZ.10	Ψ00.11	\$5.00	\$10.20	\$10,02		\$15.00	\$1.02	(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 17	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
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End Ln 16 x Ln 17		1.4128								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18. AllOlhr = Ln 16	\$161,04	\$85.16 \$85.16	\$0.00	\$18,37	\$18.16	\$0.00	P04 C4	27.00	60.40	
'	desirent interiorid of Antowed Fer Diens	10 - Eli 10, Alouii 4 Eli 10	\$101.04	\$00.10	\$0,00	\$10.37	\$10.10	\$0.00	\$21,61	\$7.32	\$9.18	\$1.24
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.13	\$2.13					4			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col 5 x Strng Add-on	\$2.55	\$2.55					The state of the s			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.31	\$5.21	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$184.35	\$90.37	\$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	\$125.44									

				Facility	Add-on		Facility	State-
Provider:	The Place at Martinez		Add-on Data and Percentages	<u>Score</u>	<u>Percent</u>	Case Mix Index (CMI) Data	<u>Specific</u>	<u>wide</u>
Prvdr ID:	00142535A		Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1.3341	1.3617
	Case Mix Per Diem Rate Effective Date		Qlrly BIMS score	43.5%	2.5%	Quarterly Medicaid CMI;	1.3732	1,4446
	MDS & Nurse Hrs Data per Quarter Ending	: 06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	4.24	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1.3962	1.4694

Description Sistings Totals Review Services			, , , , , , , , , , , , , , , , , , , ,			1.4. 1	0.075	Qilliy Modic	Olill W 1100	right Options,		1.0302	1,4004
CASE MIX BASED RATE CALCULATIONS Case Policy Manual) 1	Line	Description		Totals			Dietary		Operatns	and	The second Contract of the Con	and	Taxes and Insurance
Cost Center Four Groups Cost Center Four				ilia ila	b	c	d d	e	f :	g	g	infriesport h ospoort	uta en i .
Page of Color Standards Per Color Page of Color Standards Page o	<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
2 Peer Group Standarders Personnille See Reining Manasan S	1	Type of Facility within Peer Group	(see Policy Manual)		All Facilities	All Facilities	Free Standing	All Facilities	All Facilities	All Facilities			
As Filed Cost Center Costs (Rouline & Special Sinces Combined) As Filed FYIZ CR. FY2018 GL-PL Rpt \$2,555,990 \$3,528,677 \$370,261 \$310,290 \$500,798 \$200,608 \$377,522 \$310,200 \$327,664 \$4,770 \$327,665 \$339,621 \$327,665 \$339,621 \$327,666 \$327,665 \$327,666 \$327,665 \$327,665 \$329,621 \$327,666 \$327,665 \$327	3	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
Total Nursing Facility Days	6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$285,585	(\$3,631)	\$0	\$0	\$395	(\$677)	(\$35,500)		\$277,664	\$0 \$47,334
Base Period Facility Case Mix Adjusted (CMA) Net Per Diem	8	Total Nursing Facility Days As Filed Days = 30,465 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 27,936	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	30,465							27,936		\$47,334
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9/Ln 10	\$159.78	<u>1,3341</u> \$63,39				(with L&H)			\$14,81	\$1.55
Quarterly Per Diem Rate Prior to Add-ons 15 Growth Allowance Percentage = 13.37% Ln 14 x Grwth Allowance S 515.39 S8.48 \$0.00 \$2.31 \$2.55 \$0.00 \$2.05 N/A N/A 16 CMA 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 \$ \$ 0.00 \$19.60 \$21,60 \$0.00 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$21,60 \$0.00 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$21,60 \$0.00 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$7.18 \$10.09 \$ \$ 0.00 \$19.60 \$17.39 \$10.00 \$10	13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	1		1			\$1.55
15 Growth Allowance Percentage = 13.37% Ln 14 x Growth Allowance 11 x Growth Allowance 11 x Growth Allowance 11 x Growth Allowance 11 x Growth Allowance 11 x Growth Allowance 12 x Growth Allowance 13.37% Ln 14 x Ln 15 S149.28 S71.87 \$0.00 \$19.60 \$21.60 \$0.00 \$17.39 \$7.18 \$10.09 \$10.00 \$17.39	14	•	Lesser of Ln 12 or £n 13	\$133,89	\$63,39	\$0.00	\$17.29	\$19.05		\$15.34	\$7.18		\$1.55
16 CMA Allowed Per Diem (After Growth Allowance Add-on) 17 Quarterly Facility Case Mix Index for Medicaid Residents 18 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 19 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Medicaid CMA Allowed Per Diem 10 Quarterly Medicaid CMA Allowed Per Diem 11 Stopped Per Diem Add-on Amounts 10 Quarterly Per Diem Add-on Amounts 11 Efficiency Add-on Per Diem 1	15	I The state of the	Ln 14 x Grwth Allwnc %	\$15,39	\$8,48	\$0.00	\$2.31	\$2.55	\$0.00	\$2.05	N/A	N/A	N/A
Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x.75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 Quarterly Case Mix Based Per Diem Rate Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 24 \$20.00 \$3.05 \$0.00 \$0.22 \$0.41 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.37 \$0.00 \$0.00 \$0.37 \$0.00 \$	17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$149.28	<u>1.3962</u>	\$0.00	\$19.60	\$21.60	\$0.00	1			\$1.55
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 \$0.30 \$0.37 \$0.00 \$0.00 \$0.00 \$0.00 \$	19		RS = Ln 18, AllOthr = Ln 16	\$177.75	\$100.34	\$0.00	\$19.60	\$21,60	\$0.00	\$17.39	\$7.18	\$10,09	\$1,55
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Ln 19 Col b x Sting Add-on \$3.01 \$3.01 \$3.01 Nursing Home Provider Fee (Fixed Amount) \$17.10 24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.15 \$6.05 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00	20 21	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	, , ,	1		\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
24 Total Quarterly Per Diem Add-on Amounts Sum of Lns 20 thru 23 \$24.15 \$6.05 \$0.00 \$0.22 \$0.41 \$0.00 \$17.47 \$0.00 \$0.00 \$1.00	22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.01	1					\$17.10			
25 Quarterly Case Mix Based Per Diem Rate Ln 19 + Ln 24 \$201.90 \$106.39 \$0.00 \$19.82 \$22.01 \$0.00 \$34.86 \$7.18 \$10.09 \$	24	<u> </u>	, ,	1 :	\$6.05	\$0.00	\$0.22	\$0.41	\$0.00	ł	\$0.00	\$0.00	\$0.00
26 Quarterly Per Diem Rate for Bed Hold and Leave Days (Ln 25 - Ln 23) * 0.75 \$138,50	25		Ln: 19 + Ln 24					· · · · · · · · · · · · · · · · · · ·					\$1.55
	26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$138.60									

F			\dd-on Data and	Percentages	Facility Score	Add-on Percent	Cas	e Mix Index (0	CMI) Data		Facility Specific	State- wide
F	Prvdr ID: 00142733A Case Mix Per Diem Rate Effective Date:	10/1/2019		wth Allowance:		13.37% 2.5%			d Overall CMI:		1.0648	1.3617
	MD\$ & Nurse Hrs Data per Quarter Ending:		r On-Site Day/Q	trly BIMS score uality Incentive:		3.0%	Ortrly Mcaid		Medicaid CMI; Wght Options:		1.0801 1.0912	1.4446 1.4694
Line		Sources /	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns	Admin and	A&G-GL-PL Insurance	Property and	Taxes and
¥		Calculations			100 September 1995	2.77.50.00	weight in the second	& Maint	General	ifingeneracy)	Related	Insurance
-			а	b	C	d d	(e	proper from the	g	9	Hoppy What are t	ing a similar occur
2	CASE MIX BASED RATE CALCULATIONS										:	
1	1	(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			
2	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		F0 00/			
3		(see Policy Manual)		100.0%	100,0%	100.0%	100.0%		50.0% 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 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		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	so	\$702,980	\$194,049	\$263,566	\$473,018	\$48,494	\$113,248	\$5,710
8	Total Nursing Facility Days As Filed Days = 19,848	FY12 Audited C/R Days	19,848								·	
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 19,232	FY 18 GL-PL Ins Rpt Days								19,232		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$167.57	\$76.74	\$0.00	\$35.42	\$23,06	(with L&H)	\$23.83	\$2.52	\$5.71	\$0.29
10		from 4 qtrs of FY12		1.0648								
11	, , , , , , , , , , , , , , , , , , , ,	Ln 9 / Ln 10		\$72.07								
12		RS = Ln 11, AllOthr = Ln 9		\$72.07	\$0.00	\$35.42	\$23.06		\$23.83	\$2.52	\$5.71	\$0.29
13	,	per Peer Group Limits		\$71.51	\$0,00	\$29,15	\$23.09		\$20.56	\$0.00	A\N	
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	\$0.29
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = <u>13.37%</u>	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		<u>1.0912</u>								
18		Ln 16 x Ln 17		\$88.46								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$181.71	\$88,46	\$0.00	\$33.05	\$26.14	\$0.00	\$23.31	\$2.52	\$7.94	\$0.29
	Quarterly Per Diem Add-on Amounts											
20	- I	(see Policy Manual)	\$0.02	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00		\$0.00	
21	1	Ln 19 Coi b x CPS Add-on	\$2.21	\$2.21								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.65	\$2.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,98	\$4.86	\$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	\$203.69	\$93.32	\$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	\$139.94									· · · · · · · · · · · · · · · · · · ·

Provider: Prvdr ID;	William Breman Jev 00040752A	vish Home Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19	Add-on Data and Percentages Growth Allowance: Qtrly BIMS score Nurse Hours per On-Site Day/Quality Incentive:	Facility Score N/A 55,3% 4.86	Add-on <u>Percent</u> 13.37% 5.5% 3.0%	Case Mix Index (CMI) Data Base Period Overall CMI Quarterly Medicaid CMI Qrtrly Mcaid CMI w RUG Wght Options	1.1772	State- wide 1.3617 1.4446 1.4694
Line #	Description			urces / Totals Routine Services a b	Special Services c	Dietary d	Laundry & Plant Operatins and General e f g	A&G-GL-PL Property Insurance Related 9 h	Taxes and Insurance

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
1113.721			a	b	С	2000 d 2000	é	dennyi f oldiki	g	g	tadijiitah	fan er Hierre
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,554,994	\$4,619,144	so	\$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-Pt, Ins. Rpt As Filed Days = 33,595	FY 18 GL-PL Ins Rpt Days								33,595		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$281.33	\$138.35	\$0.00	\$44.02	\$33.47	(with L&H)	\$44.19	\$4.31	\$15,87	\$1.12
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4004</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	ļ	\$98,80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 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 Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$166.81	\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$4.31	27.81	\$1.12
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	En 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	0,0,	1.1933	45.55	420.01	420.10	\$0.00	420.01	47.51	421.01	V1.12
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.74								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$200.34	\$96.74	\$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 Srvs)	Ln 19 Col b x CPS Add-on	\$5.32	\$5,32		13.33	\$5.55	42.55	\$0,50		40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25,32	\$8.22	\$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	\$225.66	\$104.96	\$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	\$156.42		L	1						L

1	Provider: Thomasville Nurs. & Rehab. Ctr. O0277604A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; htrly BIMS score	Facility Score N/A 36.4% 2.88	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5025 1.5635 1.5934	State- <u>wide</u> 1.3617 1.4446 1.4694
Line		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	i b	c	d	e	(140,000 f 20,000.00	g	dikin gillinin	spilline h eltering	samin i
<u> </u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,738,554	\$1,148,365	\$0	\$309,188	\$177,148	\$127,277	\$634,398	\$10,271	\$331,907	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$309,976)	(\$124,318)	\$0	(\$10,866)	(\$4,518)	(\$433)	(\$205,441)		\$25,837	\$9,763
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,428,578	\$1,024,047	\$0	\$298,322	\$172,630	\$126,844	\$428,957	\$10,271	\$357,744	\$9,763
8	Total Nursing Facility Days As Filed Days = 16,153	FY12 Audited C/R Days	16,153	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •	,,		*	1 120,000	710,211	400.	\$5,.00
	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 Srvcs	Ln 7 / Ln 8 Col a	\$150,32	\$63.40	\$0.00	\$18.47	\$18,54	(with L&H)	\$26.56	\$0.60	\$22.15	\$0.60
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5025				,			•	,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$42.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.27	\$42.20	\$0.00	\$18.41	\$18.54		\$20.56	\$0.60	9.36	\$0.60
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	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		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		1,5934	*		422	40.00	42 5.5.		•0.00	40.00
18		Ln 16 x Ln 17		\$76.23								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$151.99	\$76.23	\$0.00	\$20,87	\$21.02	\$0.00	\$23.31	\$0,60	\$9,36	\$0.60
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Ahvd] x .75, up to max, or 0)	(see Policy Manual)	\$0.94	\$0.53	\$0.00	\$0.00	\$0.41	60.00	60.00		FC 22	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,91	\$0.53 \$1.91	\$U.UU	\$U,UU	⊅ 0.41	\$0.00	\$0.00		\$0.00	-
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Sivos)	Ln 19 Col b x Sting Add-on	\$1.91	\$1.91								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10	¥2.23					\$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	\$174.23	\$80.96	\$0.00	\$20.87	\$21,43	\$0.00	\$40.41	\$0,60	\$9,36	\$0.60
F-			\$114.23	200,30	\$0.00	320.07	₹1,43	30.00	340.41	30,00	\$3.36	\$0.00

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

\$117.85

(Ln 25 - Ln 23) * 0.75

1	ovider: Thomson Health & Rehab	Multipage	Add-on Data and	Percentages	Facility Score N/A	Add-on Percent 13.37%	Cas	e Mix Index ((CMI) Data d Overall CMI:		Facility Specific 1.1378	State- wide 1,3617
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19 Nurse Hours p		trly BIMS score	40.2%	2.5% 3.0%	Ortrly Mcaid	Quarterly t	Medicaid CMI: Wght Options:	:	1.3182 1.3373	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskping	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
.::::::::			a	(applied by the second	c	114 PH d 314 H	::::::::::::::::::::::::::::::::::::::	(2004) (2004)	g	g	Listing History	esees Legis.
C/	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105,0% \$0,37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed 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 Adjstmts	(\$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 Srvcs	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		<u>1.1378</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$57.79								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem Quarterly Per Diem Rate Prior to Add-ons	Lesser of Ln 12 or Ln 13	\$116.00	\$57.79	\$0.00	\$16.22	\$17.09		\$13.54	\$2.36	8.43 (FRV)	\$0.57
15	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		1.3373								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$152.09	\$87.62	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$2.19	\$2.19	75,50			40.00	40.01		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting 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	\$175.54	\$92.97	\$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	(£n 25 - Ln 23) * 0,75	\$118.83			.,,						

	Provider:	Tifton Health and R	Rehab Center		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- _wide_
	Prvdr ID:	00143294A			Growth Allowance:	N/A	13.37%	Base Period Overall CMI:	1,4355	1,3617
ļ			Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	45.2%	5.5%	Quarterly Medicaid CMI:	1,7428	1,4446
			MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	2.99	3.0%	Qrtrly Mcaid CMI w RUG Wght Options:	1.7747	1.4694
-										
						Special		Flant Admin AsG GI	_DI Property	Taxes

			1	•		· · · · · · · · · · · · · · · · · · ·						
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
13 mile			а	98000 b 10800	C	d	е		g	::::::::g::::::::::::	gilari, pri ahaaraa	i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS				4							
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjustmts	\$4,499,668	\$2,295,359	\$0	\$441,741	\$161,006	\$209,565	\$1,084,888	\$3,029	\$304,080	\$0
7	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 31,601	FY12 C/R Audit Adjustmis FY12 Audited C/R FY12 Audited C/R Days	(\$277,786) \$4,221,882 31,601	\$0 \$2,295,359	\$0 \$0	\$0 \$441,741	\$0 \$161,006	\$0 \$209,565	(\$277,786) \$807,102	\$3,029	(\$30,668) \$273,412	\$30,668 \$30,668
9	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,660 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	\$133.60	\$72.64	\$0.00	\$ 13.98	\$11,73	(with L&H)	\$25,54	32,660 \$0.09	\$8.65	\$0.97
10 11	Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	from 4 qtrs of FY12 Ln 9/Ln 10		<u>1.4355</u> \$50.60								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$50,60	\$0.00	\$13.98	\$11.73		\$25.54	\$0.09	\$8,65	\$0.97
13 14	Per Diem Standards (After Statewide CMA for Routine Srvcs) Base Period Case Mix Adjusted Allowed Per Diem	per Peer Group Limits Lesser of Ln 12 or Ln 13	\$109.83	\$71.51 \$50.60	\$0.00 \$0.00	\$18.41 \$13.98	\$23.09 \$11.73		\$20.56 \$20.56	\$0.00 \$0.09	N/A 11.90	\$0.97
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Allwnc %	\$12.96	\$6.77	\$0.00	\$1.87	\$1.57	\$0.00	\$2.75	N/A	N/A	N/A
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility Case Mix Index for Medicaid Residents Qrtrfy Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	En 14 + En 15 per Current Qtr End En 16 x En 17	\$122.79	\$57.37 <u>1.7747</u> \$101.81	\$0.00	\$15.85	\$13.30	\$0.00	\$23.31	\$0.09	\$11.90	\$0.97
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$167.23	\$101.81	\$0.00	\$15.85	\$13,30	\$0.00	\$23.31	\$0.09	\$11.90	\$0.97
20	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21 22 23	BIMS Add-on Per Diem = 5.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on	\$5,60 \$3.05	\$5,60 \$3,05								
23	Total Quarterly Per Diem Add-on Amounts	(Fixed Amount) Sum of Lns 20 thru 23	\$17,10 \$26.91	\$9.18	\$0.00	\$0.22	\$0,41	\$0.00	\$17.10 \$17.10	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$194.14	\$110.99	\$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	\$132.78						1			1

	rovider: Tower Road Healthcare ovdr ID: 00083003A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	22.2%	Add-on <u>Percent</u> 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.4452 1.6107 1.6401	State- wide 1,3617 1,4446 1,4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	16690144 b 1109949	c	d	alifikar o jkaladi	i i i i i i i i i i i i i i i i i i i	g	g	ស្ត្រាក់ពីនាក្រៅក្រោញក្នុង	granista i Stance
<u> 0</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,808,435	\$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 Adjstmts	(\$147,207)	(\$47,672)	\$0	(\$212)	\$143	(\$345)		450,000	(\$54,872)	1
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,661,228	\$3,566,898	\$0	\$652,589	\$289,254	\$444,420	, , , , , ,	\$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 Srvcs	Ln 7 / Ln 8 Col a	\$165.47	\$88.63	\$0.00	\$16.22	\$18.23	(with L&H)	\$33,81	\$1.36	\$5.86	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.4452								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$61,33								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = Ln 9		\$61,33	\$0.00	\$16.22	\$18.23		\$33.81	\$1.36	\$5.86	\$1.36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$131,71	\$61.33	\$0.00	\$16.22	\$18.23		\$20.56	\$1,36	12.65 <i>(FRV)</i>	\$1.36
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$15.56	\$8.20	\$0.00	\$2.17	E0 44	60.00	60.75		11/4	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$147.27	\$69.53	\$0.00	\$18.39	\$2.44 \$20.67	\$0.00 \$0.00	\$2.75 \$23.31	N/A \$1.36	N/A \$12.65	N/A \$1,36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$141.21	1.6401	\$0.00	\$10.35	\$20.67	\$0,00	\$23.31	\$1.30	\$12.05	\$1,30
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$114.04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$191.78	\$114.04	\$0.00	\$18.39	\$20.67	\$0.00	\$23,31	\$1.36	\$12.65	\$1.36
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.14	\$1.14		1	43	40,00			40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 19 Col b x Stfng Add-on	\$3.42	\$3.42								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Los 20 thru 23	\$22.82	\$5,09	\$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 + 1,n 24	\$214.60	\$119.13	\$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	\$148.13									·

Facility Add-on Facility State-Provider: Townsend Park H & R Add-on Data and Percentages Score Percent Case Mix Index (CMI) Data Specific _wide_ Prvdr ID: 00404995A Growth Allowance: N/A 13.37% Base Period Overall CMI: 1.3657 1.3617 Otrly BIMS score Case Mix Per Diem Rate Effective Date: 10/1/2019 38.9% 2.5% Quarterly Medicaid CMI: 1,3658 1.4446 MDS & Nurse Hrs Data per Quarter Ending: 06/30/19 Nurse Hours per On-Site Day/Quality Incentive: 3,49 3.0% Ortrly Moaid CMI w RUG Wight Options: 1,3878 1.4694

	MDS & Nuise Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	r On-Site Day/Q	uality incentive:	3,49	3.0%	Ortrly Meaid	CMI w RUG	Wght Options:		1.3878	1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Properly and Related	Taxes and Insurance
1.71			а	1000000 b 0000000	c	d :	e	initial failure	ġ	g	::::::::::::::::::::::::::::::::::::::	::::::::::::::::::::::::::::::::::::
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0,00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts	A- El-J D(40 O/D, D) gove of Di g-1										
1	As Filed Cost Center Costs (Routine & Special Srycs 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 Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	\$149,130	\$167,177	\$0 \$0	\$0	\$0	\$0	(\$18,047)		(\$17,282)	\$17,282
8	Total Nursing Facility Days As Filed Days = 28,961	FY12 Audited C/R Days	\$5,039,826	\$2,443,281	\$0	\$454,843	\$338,849	\$263,394	\$942,599	\$118,231	\$461,347	\$17,282
Ĭ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,002	FY 18 GL-PL ins Rpt Days	28,961							44 000		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7/Ln 8 Col a	\$172.82	\$84.36	\$0.00	\$15,71	\$20,79	(with L&H)	\$32.55	41,002 \$2,88	845.00	eo eo
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$172.02	1.3657	\$0.00	\$10.71	\$20.79	(with rect)	\$32.55	\$2.00	\$15.93	\$0,60
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10	1	\$61.77								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$61.77	\$0.00	\$15.71	\$20.79		\$32.55	\$2,88	\$15.93	\$0.60
13	Per Diem Standards (After Statewide CMA for Routine Stycs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	\$15.95 N/A	\$0.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$134.71	\$61.77	\$0.00	\$15.71	\$20,79		\$20.56	\$2,88	12.40	\$0.60
	•		•		10,00	410	4450		420.00	V2.,55	(FRV)	Ψ0.00
	Quarterly Per Diem Rate Prior to Add-ons										- ,	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$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 <u>Case Mix Index</u> for Medicaid Residents	per Current Qtr End	ļ	<u>1.3878</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$97.19								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$177.76	\$97.19	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.43	\$2.43								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.92	\$2.92								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.61	\$5.88	\$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	\$201.37	\$103.07	\$0.00	\$18.03	\$23.98	\$0.00	\$40.41	\$2.88	\$12.40	\$0.60
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$138,20		1	5						

Provider: Traditions Health & Rehab Prvdr ID: 00143701A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance; trly BIMS score	Facility Score N/A 45.1% 3.87	Add-on Percent 13.37% 5.5% 3.0%		Quarterly t	CMI) Data d Overall CMI; Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2904 1.5764 1.6025	State- wide 1.3617 1.4446 1,4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
		a	(3) (3) (b) (3) (3)	e e	d	e	f	g	9	h	dididi Lary.
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,266,760	\$4,706,424	\$0	\$841,310	\$494,651	\$448,988	\$924,613	\$173,818	\$676,956	\$0
6 Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$43,619)	(\$784)	\$0	\$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	FY12 Audited C/R Days	60,007									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 61,768	FY 18 GL-PL Ins Rpt Days								61,768		
9 Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$136.95	\$78.42	\$0.00	\$14.02	\$15.73	(with L&H)	\$14.69	\$2.81	\$9.84	\$1.44
10 Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.2904</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.77								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$60,77	\$0.00	\$14.02	\$15,73		\$14.69	\$2.81	\$9.84	\$1.44
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$118.85	\$60,77	\$0.00	\$14.02	\$15,73		\$14.69	\$2,81	9.39	\$1.44
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	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		1.6025								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x £n 17		\$110.40								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$174.41	\$110.40	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0,00	\$0.22	\$0.41	\$0,00	\$0,37		\$0.00	
21 BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$6.07	\$6.07								
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$3.31	\$3.31								
23 Nursing Home Provider Fee	(Fixed Amount)	\$0.00						\$0.00			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$10.91	\$9.91	\$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 + t.n 24	\$185.32	\$120.31	\$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	\$138.99		• • • • • • • • • • • • • • • • • • • •					1		

Provider:	Treutien County Health & Rehab		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility Specific	State- wide
Prvdr ID:	00143349A		Growth Allowance:	N/A	13,37%	Base Period Overall CMI:	1.5628	1.3617
	Case Mix Per Diem Rate Effective Date:	10/1/2019	Qtrly BIMS score	46.7%	5.5%	Quarterly Medicaid CMI:	1,4867	1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3,38	3.0%	Qrtrly Meaid CMI w RUG Wght Options:	1.5137	1.4694

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a a	ъ	С	d	e	::::::::f:::::::::::::::::::::::::::::	g	9	h h	estaya i v
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Feer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
5	Base Period Per Diem Allowed Amounts	As Filed FY12 C/R -FY 2018 GL-PL Rot										
6	As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$2,674,762	\$1,402,185	\$0	\$320,749	\$135,542	\$193,942	\$404,100	\$48,009	\$170,235	\$0
7	Cost Center Costs After Audit Adjustments	FY12 C/R Addit Adjstmis	(\$10,992) \$2,663,770	\$0 \$1,402,185	\$0 \$0	(\$1,740) \$319,009	\$661	\$945	(\$13,631)	1 1	(\$1,661)	1
8	Total Nursing Facility Days As Filed Days = 18,155	FY12 Audited C/R Days	18,155	\$1,402,100	30	\$319,009	\$136,203	\$194,887	\$390,469	\$48,009	\$168,574	\$4,434
Ĭ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 17,802	FY 18 GL-PL Ins Rot Days	10,155					•		17,802		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$146.78	\$77.23	\$0.00	\$17.57	\$18.24	(with L&H)	\$21.51	\$2,70	\$9,29	\$0.24
10	Base Period Facility Case Mix Index for All Residents	from 4 gtrs of FY12	\$110.10	1,5628	\$0.00	Ų.17.51	310.24	(min carry	Ψ21.51	\$2.70	\$3.23	\$0.24
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$49.42								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$49.42	\$0.00	\$17.57	\$18.24		\$21.51	\$2.70	\$9.29	\$0.24
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	Q 0.24
14	Base Períod Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$121.19	\$49,42	\$0.00	\$17.57	\$18.24		\$20.56	\$2.70	12.46	\$0.24
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwinc %	\$14.15	\$6,61	\$0.00	\$2.35	\$2.44	\$0.00	\$2.75	N/A	N/A	N/A
16	CMA Allowed Per Diern (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	7,00.0	1.5137	45.50	410.02	Ψ20.00	Ψ0,00	Ψ20.01	\$2.70	\$12,40	50.24
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84.81								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$164,12	\$84.81	\$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 = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.66	\$4.66			,	,			73.00	1
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.54	\$2.54								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.46	\$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	\$189.58	\$92.54	\$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	(l.n 25 - l.n 23) * 0.75	\$129.36							L		

1	ovider: Twin Fountains Home		Add-on Data and		Facility Score N/A	Add-on Percent	Cas	se Mix Index (6			Facility Specific	State- wide
	Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending;	10/1/2019 06/30/19 Nurse Hours pe		owth Allowance; etrly BIMS score uality Incentive:		13.37% 5,5% 3,0%	Ortrly Meald	Quarterly l	d Overall CMI: Medicaid CMI: Wght Options:		1.0956 1.0108 1.0207	1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
11.21			a	alegge Prosessi	c	d	В	eren r eadil	g	g	aasti Rijahta SRaas	tropico Importo
c	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group Bed Size Range within Peer Group			All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0%	90.0%	85.0%		50.0%			
4	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0,53	100.0% \$0.00	100.0% \$0.22	100.0% \$0.41		105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,039,364	\$3,497,545	\$0	\$1,224,428	\$269,326	\$185,329	\$1,486,263	\$59,384	\$317,089	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$23,978)	so	\$0	SO.	\$0	\$0	(\$23.978)	400,001	(\$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	, ,	\$59,384	\$306,053	\$11,036
8	Total Nursing Facility Days As Filed Days = 37,344	FY12 Audited C/R Days	37,344									, , , , , , , , , , , , , , , , , , , ,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 36,434	FY 18 GL-PL Ins Rpt Days								36,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7/£n 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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$85.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AilOthr = Ln 9		\$85.49	\$0.00	\$32.79	\$12.17		\$39,16	\$1,63	\$8.20	\$0.30
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$135.11	\$71.51	\$0.00	\$18.41	\$12.17		\$20,56	\$1.63	10.53 (FRV)	\$0.30
	Quarterly Per Diem Rate Prior to Add-ons										1	
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)	£n 14 + l,n 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 Medicald Residents	per Current Qtr End		<u>1.0207</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.75								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$153.19	\$82.75	\$0.00	\$20.87	\$13.80	\$0.00	\$23,31	\$1,63	\$10.53	\$0.30
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0.41	\$0.00	\$0.00	\$0.00	\$0,41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	£n 19 Col b x CPS Add-on	\$4.55	\$4.55								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,48	\$2.48								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24.54	\$7.03	\$0.00	\$0.00	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.73	\$89.78	\$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	\$120,47									***************************************

1	ovider: Twin Oaks Convalescent Center vdr ID: 00143393A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; atrly BIMS score	Facility Score N/A 23.6% 3.97	Add-on Percent 13.37% 1.0% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.2778 1.3927 1.4157	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	milion barrier		d	1000 e 1000 e	1550/151 7 1350/151	g	e e g	isan-jish h asmisisa	allang lahiya
C.	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes		:	
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	t \$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 Adjstmts	(\$234,366)	(\$200,812)	\$0	\$2,544	\$17,018	\$3,084	(\$48,561)	1 1	(\$15,041)	\$7.402
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$4,893,909	\$2,415,956	\$0	\$796,203	\$249,403	\$249,655	\$569,889	\$65,154	\$540,247	\$7,402
8	Total Nursing Facility Days As Filed Days = 30,138	FY12 Audited C/R Days	30,138									·
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 30,367	FY 18 GL-PL Ins Rpt Days								30,367		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	£n 7/£n 8 Col a	\$162.38	\$80,16	\$0,00	\$26.42	\$16.56	(with L&H)	\$18.91	\$2.15	\$17.93	\$0.25
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2778								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / Ln 10		\$62.73								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$62.73	\$0.00	\$26.42	\$16,56		\$18.91	\$2.15	\$17,93	\$0.25
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23,09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$145.92	\$62,73	\$0.00	\$26.42	\$16.56		\$18.91	\$2.15	18.90 (FRV)	\$0.25
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.66	\$8.39	\$0.00	\$3,53	\$2.21	\$0.00	\$2.53	N/A	n/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	En 14 + Ln 15	\$162.58	\$71.12	\$0.00	\$29.95	\$18.77	\$0.00	\$2.53	\$2,15	\$18.90	\$0.25
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0102.00	1,4157	Ψ0.00	\$25,55	\$10.77	\$0.00	\$21.44	\$2,13	\$10.50	\$0.25
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$100.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$192.14	\$100.68	\$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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.01	\$1.01	\$5.00	45.22	45.41	\$0.00	40,37		Ψ0.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.02	\$3,02								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.66	\$4,56	\$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	\$214.80	\$105.24	\$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	\$148.28						1	1		

	rovider: Twin View Health Care rvdr ID: 00040807A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		wth Allowance: trly BIMS score	41.0%	Add-on Percent 13.37% 2,5% 2.0%			Overall CMI:		Facility <u>Specific</u> 1.2987 1.4674 1.4937	State- wide 1.3617 1.4446 1.4694
Line #	Description '	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			, a	b	c	đ	е	f	9	g	h	i
С	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	i	1	1			
•	Type of Facility within Peer Group Bed Size Range within Peer Group	(SEE COLOY INDINES		All Facilities All Bed Sizes	All Facilities All Bed Sizes	Free Standing All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes	All Facilities All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											!
2	Peer Group Standards: Percentile Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,496,358	\$1,767,082	\$0	\$378,395	\$285,702	\$188,332	\$484,426	\$33,172	\$359,249	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$129,932)	(\$91,481)	1	\$990	\$563	\$2,972	(\$30,069)	1 1	(\$44,411)	
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,366,426	\$1,675,601	\$0	\$379,385	\$286,265	\$191,304	\$454,357	\$33,172	\$314,838	\$31,504
8	Total Nursing Facility Days As Filed Days = 38,732	FY12 Audited C/R Days	38,732									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 37,192	FY 18 GL-PL Ins Rpt Days								37,192		
,9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$86,95	\$43.26	\$0.00	\$9.80	\$12.33	(with L&H)	\$11,73	\$0,89	\$8,13	\$0.81
10	Base Penod Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2987								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10 RS = (.n 11, AliOihr = Ln 9		\$33,31	\$0.00	\$9.80	\$12.33		\$11.73	\$0.89	\$8.13	\$0.81
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	per Peer Group Limits		\$33.31 \$71,51	\$0.00	\$9.80	\$12.33		\$11.73	1 1	\$8.13 N/A	\$0.61
13	Per Diem Standards (After Statewide CMA for Routine Stress)	Lesser of En 12 or En 13	\$76.06	\$33.31	\$0.00		\$23.09		\$20.56	1	7,19	\$0.81
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesset Of Cit 12 of Cit 13	\$10.00	\$33.31	Ψ0.00	35,60	\$12,55		311273	\$0.03	(FRV)	\$0.01
	Quarterly Per Diem Rate Prior to Add-ons		:									
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwric %	\$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	ļ	1,4937								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17 RS = Ln 18, AliOlhr = Ln 16	6403.60	\$56,40	60.00	611.14	\$13.98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.81
19	Quarterly Medicaid CMA Allowed Per Diem	KS = Ln 18, AllOlnr = Ln 16	\$103.68	\$55.40	\$0.00	\$11.11	\$13,98	\$0.00	\$13.30	\$0.89	\$7.19	\$0.01
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.41	\$1.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.13	\$1,13								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10	1	***	
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21.17	\$3.07	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47		\$0.00	\$0,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$124.85	\$59.47	\$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	\$80.81									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147,00									

\$97.43

(Ln 27 - Ln 23) * 0.75

	ovider: Union County Nursing Home odr ID: 00143415A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/2019		owth Allowance: trly BIMS score	36.7%	Add-on Percent 13,37% 2.5% 3.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1.1218 1.1910 1.2127	State- wide 1.3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	Б	C	d	e	ericino f ilocopia	30.75 g /0.153	g	eji sejengi je h rang gaya	33-33-1-3-3-
<u>C</u> /	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,736	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$189,908)	(\$59,584)	so	\$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	so.	\$1 274 504	\$478.767	\$650,048	\$1 102 728	\$119.878	\$534.106	50

2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41	200 0/203	50,0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$9,035,736	\$4,745,381	\$0	\$1,274,391	\$475,144	\$646,645	\$1,224,348	\$119,878	\$549,949	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$189,908)	(\$59,584)	so	\$113	\$3,623	\$3,403	(\$121,620)	, , , , , ,	(\$15,843)	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,845,828	\$4,685,797	\$0	\$1,274,504	\$478,767	\$650,048	\$1,102,728	\$119,878	\$534,106	\$0
8	Total Nursing Facility Days As Filed Days = 53,965	FY12 Audited C/R Days	53,965							, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,874	FY 18 GL-PL Ins Rpt Days	·							52,874		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$163.97	\$86,83	\$0.00	\$23.62	\$20.92	(with L&H)	\$20.43	\$2.27	\$9.90	\$0.00
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.1218				,		·		,
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$77.40								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = En 11, AllOlhr = En 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 Stres)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$150.46	\$71.51	\$0.00	\$23.62	\$20.92		\$20.43	\$2.27	11.71	\$0.00
	South Bar Bir Bar Bir and All										(FRV)	
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Lo 14 x Grwth Allwric %	\$18.25	** **	***							
16		Ln 14 x Giwin Anwiic %	* 1	\$9.56	\$0.00	\$3.16	\$2.80	\$0.00	\$2.73	N/A	N/A	N/A
17	CMA Allowed Per Diem (After Growth Allowance Add-on)	per Current Qtr End	\$168,71	\$81.07	\$0.00	\$26.78	\$23.72	\$0,00	\$23.16	\$2.27	\$11.71	\$0.00
18	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End Ln 16 x Ln 17		1.2127								
19	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem Quarterly Medicaid CMA Allowed Per Diem	Ch 16 X Ch 17 RS = Ln 18, AllOthr = Ln 16	2405.05	\$98,31	***	***						
13	Quarterly medicald CNIA Allowed Per Diem	RS = Lit to, AllOthr = Lit to	\$185.95	\$98,31	\$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 = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.46	\$2,46					İ			
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2,95	\$2.95					İ			
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23.24	\$5.41	\$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	\$209.19	\$103,72	\$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	\$144.07									

	ovider: University Nursing and Rehab Center	Ad	d-on Data and P		Facility Score	Add-on Percent	Cas	e Mix Index (C			Facility Specific	State- wide
Pr	rvdr ID: 00140533A Case Mix Per Diem Rate Effective Date:	10/1/2019		th Allowance: y BIMS score		13.37% 1.0%			f Overall CMI: dedicaid CMI:		1.4327 1.4693	1.4014 1.4446
	MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours per (3.0%	Ortrly Mcaid		Wght Options:		1.4950	1,4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ь	c	d	e	f	g		h	i
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups	(see Policy Manual)		1	1	2	1	1	1			
	Type of Facility within Peer Group	, , ,		All Facilities	All Facilities	Free Standing	All Facilities	Ali Facilities	All Facilities			
	Bed Size Range within Peer Group			All Bed Sizes	All Bed Sizes	All Bed Sizes	All Bed Sizes	Alf Bed Sizes	All Bed Sizes			
	Peer Group Standards & Efficiency Measure Limits											
2	Peer Group Standards: Percentile	(see Policy Manual)		90.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
3	Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual)		100.0% \$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
7	Choche head head head he zo at estably	(out that many		05,55		40,22	25.71		40,01			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$3,418,106	\$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 Adjstmts	(\$51,535)	(\$11,061)		\$0	\$723	\$4,137	(\$47,018)	'1 i	(\$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	FY14 Audited C/R Days	16,905									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 33,746	FY 18 GL-PL Ins Rot Days				245.00				33,746	648.74	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	En 7 / En 8 Col a from 4 ctrs of FY10	\$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 <u>Case Mix Index</u> for All Residents	irom 4 qus oi F1 10 Ln 9 / Ln 10		1.4327								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diern	RS = Ln 11, AliOthr = Ln 9		\$77.12	60.00	645.00	640.00		607.07	f0.00	640.74	\$0.86
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	·		\$77.12	\$0.00	\$15.03	\$16.66 \$23.55		\$37.37	\$0.00	\$18.74	\$0.00
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits Lesser of Ln 12 or Ln 13	0407.00	\$73.31	\$0.00	\$19.52	•		\$24,02		N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of 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 Medicald Residents	per Current Qtr End		1.4950								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$124.25								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$195.72	\$124,25	\$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 ([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 = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.24	\$1.24								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.73	\$3.73								-
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	\$22.70	\$4.97	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10	\$0.00	\$0.00	\$9,00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$218.42	\$129.22	\$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	\$150.99		. 1	.1.						
L				.]								

1	vider: Westwood (University Extended Care) dr ID: 00219359A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: htrly BIMS score	Facility Score N/A 28.7% 3.20	Add-on Percent 13,37% 1.0% 3,0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1,3761 1,3466 1,3686	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
13-14 K			i i i i i a ku in	b	c	d	e e e	Salita falles	g	g	i militir h ingiyyesi	-ta(talla 1 .666-51.
CA	SE MIX BASED RATE CALCULATIONS					İ						
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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)	1		\$0	\$0
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,125,553	\$4,994,106	\$0	\$831,460	\$532,811	\$390,748	\$877,678	\$183,274	\$315,476	\$0
8	Total Nursing Facility Days As Filed Days = 51,167	FY12 Audited C/R Days	51,167									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 50,751	FY 18 GL-PL Ins Rpt Days								50,751		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.3761								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$70.92								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$142,39	\$70.92	\$0.00	\$ 16.25	\$18.05		\$17.15	\$3.61	16.41 (FRV)	\$0.00
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Ailwnc %	\$16.35	\$9,48	\$0.00	\$2.17	\$2.41	\$0.00	\$2.29	N/A	B1/6	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$158.74	\$9,46 \$80,40	\$0.00	\$2.17 \$18.42	\$2.41	\$0.00	\$2.29	\$3.61	N/A \$16.41	\$0.00
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.74	1.3686	90.00	\$10.42	\$20.46	\$5,00	313,44	\$3.01	J10.41	\$0,00
18	Ortrly Routine Srycs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$110,04								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = £n 18, AllOihr = 1.n 16	\$188.38	\$110,04	\$0.00	\$18.42	\$20.46	\$0.00	\$19.44	\$3.61	\$16.41	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.44	\$0.44	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.10	\$1.10	••		1	13.30	1		\$5.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	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	\$22.94	\$4.84	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25 (Quarterly Case Mix Based Per Diem Rate	Լո 19 + Լո 24	\$211.32	\$114.88	\$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	\$145.67						1	<u></u>		

	b Center x Per Diem Rate Effective Date: te Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: ttrly BIMS score	23.3%	Add-on Percent 13.37% 1.0% 3.0%		Quarterly t	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.4309 1.4693 1.4950	State- wide 1.3617 1.4446 1.4694
Line Description		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS			a	Ь	C	d	е	taistit filosii	g	g	etilitiget h ettissessie	iiridii t immi
Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	-	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	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 Lin Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actu		(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts 5 As Filed Cost Center Costs (Routine & Special Srvo	s Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$6,103,080	\$3,666,649	\$0	\$550,658	\$277,393	\$284,746	\$766,812	\$0	\$556,822	\$0
Audit Adjustments and Reallocations to Cost Cent Cost Center Costs After Audit Adjustments	ter Costs	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$244,213) \$5,858,867	(\$120,637) \$3,546,012	\$0 \$0	(\$13,981) \$536,677	\$1,297 \$278,690	\$7,263 \$292,009	(\$117,882) \$648,930	\$0	(\$49,596) \$507,226	\$49,323 \$49,323
8 Total Nursing Facility Days Total Nursing Facility Days GL-PL Ins. Rpt	As Filed Days = 36,796 As Filed Days = 33,746	FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	36,796							33,746		
9 Net Per Diems prior to Case Mix Adjstmt to Routin 10 Base Period Facility <u>Case Mix Index</u> for All Res 11 Routine Srvcs Case Mix Adjstd (CMA) Net Per	sidents	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$159.23	\$96.37 <u>1.4309</u> \$67.35	\$0.00	\$14.59	\$15.51	(with L&H)	\$17.64	\$0,00	\$13.78	\$1.34
12 Net Per Diems after Case Mix Adjstmt to Routine 13 Per Diem Standards (After Statewide CMA for Routine		RS = Ln 11, AllOthr = Ln 9 per Peer Group Limits		\$67.35 \$71.51	\$0.00 \$0.00	\$14.59 \$18.41	\$15.51 \$2 3.09		\$17.64 \$20.56	\$0.00 \$0.00	\$13.78 N/A	\$1.34
14 Base Period Case Mix Adjusted Allowed Per Diem	- 1	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 = 13.3	7%	Ln 14 x Grwth Allwnc %	\$ 15.38	\$9.00	\$0.00	\$1.95	\$2.07	\$0.00	\$2.35	N/A	N/A	N/A
CMA Allowed Per Diem (After Growth Allowance Add- Unarterly Facility Case Mix Index for Medicaid Reference of the Community C	Residents	En 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$139.26	\$76.35 <u>1.4950</u> \$114.14	\$0.00	\$16,54	\$17.58	\$0.00	\$20.00	\$0,00	\$7,45	\$1.34
19 Quarterly Medicaid CMA Allowed Per Diem	ar si sian	RS = £n 18, AllOlhr = £n 16	\$177.05	\$114.14	\$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 ([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 = 22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0 23 Nursing Home Provider Fee	1.0% (to Routine Srvs) % (to Routine Srvcs)	Ln 19 Col b x CPS Add-on Ln 19 Col b x Sting Add-on (Fixed Amount)	\$1.14 \$3.42	\$1.14 \$3.42					247.12			
24 Total Quarterly Per Diem Add-on Amounts		Sum of Lns 20 thru 23	\$17.10 \$23.19	\$5,09	\$0.00	\$0.22	\$0.41	\$0.00	\$17.10 \$17.47	\$0.00	\$0,00	\$0.00
25 Quarterly Case Mix Based Per Diem Rate		1n 19 + Ln 24	\$200.24	\$119.23	\$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	(£n 25 - Ln 23) * 0,75	\$137.36	•		I		:	I			

Quarterly Case Mix Per Diem Calculation

FINAL

	rovider: Vista Park Health and Rehab rvdr ID: 00142931A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nur.		ata and Percentages Growth Allowance: BIMS: Day/Quality Incentive:	Facility Score N/A 38.1% 3.76	Add-on Percent 13.37% 2.5% 2.0%		Quarter	(CMI) Data fod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.4571 1.5339 1.5593	Stale- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	·		a	b	C	d	e	ſ	g		h	j
<u>CA</u>	SE MIX BASED RATE CALCULATIONS Cost Center Peer Groups per Selected Options Type of Facility within Peer Group Bed Size Range within Peer Group Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measures (Maximums) Per Diem Costs and Add-ons GL-PL- Insurance Costs Total Nursing Facility Days GL-PL Ins. Rpt Standard Per Diem (After CMA for Routine Srvcs) Allowed @ 95% of Std Growth Allowance 13.4% CMA Allowed Per Diem (After Growth Alowance) Quarterly Facility Case Mix Index for Medicaid Residents Qrtly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$149.08 \$16.97 \$171.26	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.5593 \$120.09	3	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	\$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 5.21	\$21.77 \$21.77 \$21.77 (FRV Rate)	\$0.42 \$0.42
	Quarterly Medicaid CMA Allowed Per Diem Quarterly Per Diem Add-On Amounts BIMS Add-on Per Diem = 2.5% to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 2.0%		\$214.33 \$3.00 \$2.40	\$120.09 \$3.00 \$2.40	edinak kepada dan dan dan dan dan dan dan dan dan	\$19.83	\$24.87	**: # 400 DO TO TO TO TO TO TO TO TO TO TO TO TO TO	\$22.14	\$5.21	\$21.77	\$0.42
	Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts		\$17.10 \$22.50						17.10			***********
 	Quarterly Case Mix Based Per Diem Rate	***************************************	\$236.83	\$125.49		\$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%	\$164.80	1									

1	vider: Warm Springs Med. Ctr. NH rdr ID: 00141952A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	± 10/1/2019	-	owth Allowance: htrly BIMS score	34,4%	Add-on Percent 13,37% 2.5% 2.0%			i Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.1001 1.1729 1.1865	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
110 11 11			8	ь	C	d	e	(1989 8 f 1884) (g	g	apadise h edjedje	i .
CA	ISE MIX BASED RATE CALCULATIONS		1									
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range wilhin Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 Hosp Based All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Mulliplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Rouline & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$2,845,929	\$1,710,029	\$0	\$566,162	\$0	\$0	\$544,033	\$25,705	\$o	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	\$982,766	\$0	\$0	\$0	\$325,090	\$388,274	(\$28,856)	420,700	\$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					-		ŕ	· •	
	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 Adjstmt to Routine Srvcs	£n7/£n8 Cola	\$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		<u>1.1001</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 9 / En 10		\$56.49								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOlhr = 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 Srvcs)	per Peer Group Limits	-	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$130.11	\$56.49	\$0,00	\$20.58	\$23.09		\$18.72	\$0.97	10.26	\$0.00
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	I.n 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		<u>1.1865</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$75,98								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$157.94	\$75,98	\$0.00	\$23.33	\$26,18	\$0.00	\$21.22	\$0.97	\$10.26	\$0.00
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.12	\$0.53	\$0.00	\$0.22	\$0.00	\$0.00	\$0.37		\$0,00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	En 19 Col b x CPS Add-on	\$1.90	\$1.90	,	,		75.55	45.5.		00.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$1.52	\$1.52								
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	\$21.64	\$3.95	\$0.00	\$0.22	\$0.00	\$0.00	\$17.47	\$0.00	\$0.00	\$0,00
25 0	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$179.58	\$ 79.93	\$0.00	\$23.55	\$26.18	\$0.00	\$38.69	\$0.97	\$10.26	\$0.00
26 0	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$121.86							, , , , , , , , , , , , , , , , , , , ,		

1	ovider: Warner Robins Rehab & Nursing Center vdr ID: 00141303A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score		Add-on Percent 13.37% 2.5% 3.0%		Quarterly	CMI) Data d Overall CMI: Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1,5459 1,5257 1,5518	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources <i>I</i> Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
112,10			a	b	c c	d	e	ender felder	g :	g ·	::::::::::::h:::::::::::::::::::::::::	······i···
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100,0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts							Ì				
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$6,541,365	\$3,069,052	\$0	\$662,018	\$347,953	\$450,378	\$1,243,288	\$132,171	\$636,505	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$161,485)	(\$43,238)	\$0	\$1,597	\$2,334	\$3.021	(\$129,469)	\$10±,177	(\$57,815)	\$62,085
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$6,379,880	\$3,025,814	\$0	\$663,615	\$350,287	\$453,399	\$1,113,819	\$132,171	\$578,690	\$62,085
8	Total Nursing Facility Days As Filed Days = 43,304	FY12 Audited C/R Days	43,304					-				
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 39,637	FY 18 GL-PL Ins Rpt Days								39,637		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$147.59	\$69.87	\$0.00	\$15.32	\$18.56	(with L&H)	\$25.72	\$3.33	\$13.36	\$1.43
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.5459								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$45.20								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$45.20	\$0.00	\$15.32	\$18.56		\$25.72	\$3.33	\$13,36	\$1.43
13	Per Diern Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$112.68	\$45.20	\$0.00	\$15.32	\$18.56		\$20.56	\$3.33	8,28 (FRV)	\$1,43
16	Quarterly Per Diem Rate Prior to Add-ons	In 14 is Coudh Albama 64	242.00	***	•••	***						
15	Growth Allowance Percentage = 13.37% CMA Allowed Per Diem (After Growth Allowance Add-on)	£n 14 x Grwth Allwnc % Ln 14 + £n 15	\$13.32	\$6.04	\$0.00 \$0.00	\$2.05	\$2.48	\$0.00	\$2.75	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$126.00	\$51.24 1.5518	\$0.00	\$17.37	\$21.04	\$0.00	\$23.31	\$3.33	\$8.28	\$1.43
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	En 16 x Ln 17		\$79.51								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$154.27	\$79.51	\$0.00	\$17.37	\$21,04	\$0.00	\$23.31	\$3.33	\$8,28	\$1.43
	Quarterly Per Diem Add-on Amounts										}	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1,99	\$1.99							52133	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2,39	\$2.39								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.64	\$4.91	\$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	\$176.91	\$84.42	\$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	\$119.86							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

1	wider: Warrenton Health and Rehabilitation Center odr ID: 00142645A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: httly BIMS score	Facility Score N/A 35.4% 2.48	Add-on Percent 13.37% 2.5% 1.0%		Quarterly N	CMI) Data d Overali CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.3956 1.5523 1.5811	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	#### d (\$\$)##	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	58665 4 13665	g	g	h.	diam'r
C.A	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100,0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,914,244	\$2,065,450	\$0	\$414,198	\$270,244	\$291,109	\$508,116	\$14,765	\$350,362	\$0
6	Audit Adjustments and Reaflocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$18,759)	\$0	\$0	(\$1,815)	\$0	(\$286)	(\$18,121)	\$14,700	(\$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				, ,		,	,	,	V ,- ·-
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 25,255	FY 18 GL-PL Ins Rpt Days								25,255		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / t.n 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		<u>1.3956</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$53.87								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$53.87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	\$11.63	\$1.17
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$116.84	\$53,87	\$0.00	\$15.01	\$20.42		\$17.84	\$0.58	7.95 (FRV)	\$1.17
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	04400	67.00	~~ ~~	20.04	40.77					
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 x Grwin Alwinc %	\$14.33 \$131.17	\$7.20 \$61.07	\$0,00 \$0,00	\$2.01 \$17.02	\$2.73 \$23.15	\$0,00	\$2.39	N/A	N/A	N/A
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$151.17	1.5811	\$U.UU	\$17.02	\$23.15	\$0,00	\$20.23	\$0.58	\$7.95	\$1.17
18	Qrirly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Lo 16 x Lo 17		\$96.56								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$166,66	\$96.56	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.41	\$2.41								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 1.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$0.97	\$0.97								
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	\$22.01	\$3.91	\$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	\$188.67	\$100.47	\$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	\$128.68									

Provider: Washington County ECF Prvdr ID: 00143481A Case Mix Per Diem Rate Effective Date:	10/1/2019		Percentages owth Allowance: trly BIMS score	Facility Score N/A 43,8%	Add-on Percent 13.37% 2.5%	Cas		CMI) Data d Overall CMI: Medicaid CMI:		Facility Specific 1.2193 1.1781	State- wide 1.3617 1.4446
MDS & Nurse Hrs Data per Quarter Ending:	06/30/19 Nurse Hours pe	er On-Site Day/Qu	uality Incentive;	3.72	3.0%	Ortrly Meale	CMI w RUG 1	Wght Options:		1.1961	1.4694
Line # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	C	d	6	Morte falling	g	g	silia di h eritera	i e
CASE MIX BASED RATE CALCULATIONS											
1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facililies 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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,373,157	\$1,811,873	so	\$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 Adjstmts	(\$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		
Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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		<u>1.2193</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 9/in 10		\$65.27								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$65.27	\$0.00	\$25.47	\$23.52		\$21.68	\$1.17	\$5.51	\$0.25
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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 = 13.37%	En 14 x Grwth Allwing %	\$17.98	\$8.73	\$0.00	\$3.41	\$3.09	\$0,00	\$2.75	A)ra	A1/A	41/4
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$163.66	\$74.00	\$0.00	\$28.88	\$26,18	\$0.00	\$2.75	N/A \$1.17	N/A \$9,87	N/A \$0.25
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$100.00	1.1961	\$0.00	\$20.00	\$20.10	30.00	\$23.31	\$1.17	49,07	\$0.20
18 Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$88.51								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$178,17	\$88.51	\$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 ([Sind - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$0,75	\$0.53	\$0.00	\$0,22	\$0.00	\$0.00	\$0.00		\$0.00	
21 BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,21	\$2.21		, <u>.</u>	755	7=0			10.00	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.66	\$2.66								
23 Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24 Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.72	\$5,40	\$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	\$200.89	\$93.91	\$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	\$137.84						1	1		1

1	ovider: Waycross Health & Rehabilitation Center vdr ID: 00143459A Case Mix Per Diem Rate Effective Date:	10/1/2019	-	Percentages with Allowance:	Facility Score N/A 29.1%	Add-on Percent 13,37%	Cas		d Overall CMI:		Facility Specific 1.2974	State- wide 1.3617
	MDS & Nurse Hrs Data per Quarter Ending:		per On-Site Day/Q		3.77	1.0% 3.0%	Ortrly Moaid		Medicaid CMI: Wght Options:		1,4857 1,5135	1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskong	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	е	f-	g	g de	ili istoria h ilogosjan	anii i i i i i i i i i i i i i i i i i i
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,407,600	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$471,187	\$88,979	\$230,911	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$15,947)	\$0	\$0	so	\$0	\$0	(\$16,433)	450,0.0	(\$18,980)	\$19,466
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$3,391,653	\$1,779,962	\$0	\$425,533	\$188,251	\$222,777	\$454,754	\$88,979	\$211,931	\$19,466
8	Total Nursing Facility Days As Filed Days = 26,933	FY12 Audited C/R Days	26,933								·	ŕ
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 24,654	FY 18 GL-PL Ins Rpt Days								24,654		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / En 8 Col a	\$126,23	\$66.09	\$0.00	\$15.80	\$15.26	(with L&H)	\$16,88	\$3.61	\$7.87	\$0.72
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		1.2974								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / Ln 10		\$50.94								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9	ļ	\$50.94	\$0.00	\$15.80	\$15,26		\$16.88	\$3,61	\$7.87	\$0.72
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71,51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$110.66	\$50.94	\$0.00	\$ 15.80	\$15.26		\$16.88	\$3,61	7.45 (FRV)	\$0,72
15	Quarterly Per Diem Rate Prior to Add-ons 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	AT/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	\$2.26 \$19.14	\$3.61	N/A \$7.45	N/A \$0.72
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	3.20.55	1,5135	Ψ0,00		ψ17.30	Ψ0,00	₩10.14	\$3.01	C#, 10	90.72
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$87.40								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOlhr = Ln 16	\$153,53	\$87.40	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0,22	\$0.41	\$0.00	\$0,37		\$0.00	
21	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.87	\$0.87	72.20		₩	40.00	\$5,5,	ł	Ψυ.υυ	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.62	\$2.62								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.12	\$4,02	\$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	\$175.65	\$91.42	\$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	(£n 25 - Ln 23) * 0.75	\$118.91									

Provider: WellStar Paulding Nursing Center Prvdr ID: 00142359A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/2019		owth Allowance; tirly BIMS score	Facility Score N/A 45.9% 3,73	Add-on Percent 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI; Medicaid CMI; Wght Options:		Facility <u>Specific</u> 1.0621 0.9710 0.9820	State- wide 1,3617 1,4446 1,4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
CASE MIV PASED PATE CALCIUS ATIONS		a	b	c	d ·	е	s <u>ignig</u> a f atili)367	iii g	300 g 300	h	····'. j
CASE MIX BASED RATE CALCULATIONS									į		
Cost Center Peer Groups Type of Facility 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 Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
5 As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$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 Adjstmts	(\$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 Srvcs	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		<u>1.0621</u>								
11 Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9/Ln 10		\$96,77								
12 Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$96.77	\$0.00	\$34.35	\$27.02		\$45.23	\$2.88	\$37.20	\$0.00
13 Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0,00	\$29.15	\$23.09		\$20.56	\$0.00	N/A	
14 Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$155.62	\$71.51	\$0.00	\$29.15	\$23.09		\$20.56	\$2.88	8.43	\$0.00
Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15 Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$19.30	\$9.56	\$0.00	\$3,90	\$3.09	\$0.00	\$2,75	N/A	N/A	N/A
16 CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$174.92	\$81.07	\$0.00	\$33.05	\$26.18	\$0.00	\$23.31	\$2.88	\$8.43	\$0,00
17 Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		0.9820								
18 Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$79.61								
19 Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$173.46	\$79.61	\$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 ([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 Srvs)	Ln 19 Col b x CPS Add-on	\$4,38	\$4.38		,	12.30		75.50		\$5.50	
22 Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Cel b x Stfng Add-en	\$2.39	\$2.39								
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	\$6,77	\$6,77	\$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	\$180.23	\$86.38	\$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	\$135.17									<u> </u>

Provider: Westbury H & R - Conyers, Inc Prvdr ID: 00143503A Case Mix Per Diem Ra		1/2019	Add-on Data and Percentages Growth Allowance; Qtriy BIMS score	Facility Score N/A 41.3%	Add-on <u>Percent</u> 13.37% 2.5%	Case Mix Index (CMI) Data Base Period Overall CMI; Quarterly Medicaid CMI;	Facility <u>Specific</u> 1.2886 1.4686	State- wide 1.3617 1.4446
MDS & Nurse Hrs Data pe	r Quarter Ending: 06/	/30/19 Source	Nurse Hours per On-Site Day/Quality Incentive: Totals Routine Services	3.62 Special Services	3,0% Dietary	Uperains I and I	1.4963 GL-PL Property and	1.4694 Taxes

<u></u>	mbo a russe ris bata per quarter Chung.	GO/SO/15 NGISE FIGUIS PE	i Oil-Oile Daylo	daily incestive.	3.02	3,0%	Qitily Micald	I CIVII W RUG	vvgnt Options:		1.4963	1.4694
Line #		Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G-GL-PL Insurance	Property and Related	Taxes and Insurance
			a ::::::	(3) (4) (b) (b)	С	diliky d adidi	ė	geren f oreste	g	g	e de la companie	place farma.
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90,0% 100.0% \$0.00	90.0% 100.0% \$0,22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
5 6	Base Period Per Diem Allowed Amounts As Filed Cost Center Costs (Routine & Special Srvcs Combined) Audit Adjustments and Reallocations to Cost Center Costs	As Filed FY12 C/R -FY 2018 GL-PL Rpt FY12 C/R Audit Adjstmts	\$8,747,204 (\$226,908)	\$4,760,679 (\$33,605)	\$0 \$0	\$991,199 \$906	\$601,647 \$466	\$631,055 (\$9,971)	\$1,039,305 (\$177,875)	\$143,697	\$579,622 (\$87,467)	\$0 \$80,638
7 8	Cost Center Costs After Audit Adjustments Total Nursing Facility Days As Filed Days = 55,567 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 56,920	FY12 Audited C/R FY12 Audited C/R Days FY 18 GL-PL Ins Rpt Days	\$8,520,296 55,567	\$4,727,074	\$0	\$992,105	\$602,113	\$621,084	\$861,430	\$143,697 56,920	\$492,155	\$80,638
9 10 11	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs Base Period Facility <u>Case Mix Index</u> for All Residents Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 7 / Ln 8 Col a from 4 qtrs of FY12 Ln 9 / Ln 10	\$153.26	\$85,07 <u>1.2886</u> \$66,02	\$0.00	\$17.85	\$22.01	(with L&H)	\$15,50	\$2.52	\$8,86	\$1.45
12 13		RS = £n 11, AllOthr = Ln 9 per Peer Group Limits		\$66.02 \$71,51	\$0,00 \$0,00	\$17.85 \$18.41	\$22.01 \$23.09		\$15.50 \$20.56	\$2.52 \$0.00	\$8.86 N/A	\$1.45
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
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$16.23	\$8.83	\$0.00	\$2.39	\$2.94	\$0,00	\$2.07	N/A	N/A	N/A
16 17 18	CMA Allowed Per Diem (After Growth Allowance Add-on) Quarterly Facility <u>Case Mix Index</u> for Medicaid Residents Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 14 + Ln 15 per Current Qtr End Ln 16 x Ln 17	\$151.48	\$74.85 <u>1.4963</u> \$112.00	\$0.00	\$20.24	\$24,95	\$0,00	\$17.57	\$2.52	\$9.90	\$1.45
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AliOthr = Ln 16	\$188.63	\$112.00	\$0.00	\$20.24	\$24.95	\$0.00	\$17.57	\$2.52	\$9.90	\$1.45
20 21	Quarterly Per Diem Add-on Amounts Efficiency Add-on Per Diem ([Stnd - Alwd] x .75, up to max, or 0) BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	(see Policy Manual) Ln 19 Col b x CPS Add-on	\$1.53 \$2.80	\$0.53 \$2.80	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
22 23	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs) Nursing Home Provider Fee	Ln 19 Col b x St(ng Add-on (Fixed Amount)	\$3,36 \$17,10	\$3.36					\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$24,79	\$6.69	\$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	\$213.42	\$118.69	\$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	\$147.24									

Provider:		cDonough, Inc		Add-on Data and Percentages	Facility Score	Add-on Percent	Case Mix Index (CMI) Data	Facility <u>Specific</u>	State- wide
Prvdr ID:	00143525A			Growth Allowance;	N/A	13.37%	Base Period Overall CMI:	1,2827	1,3617
		Case Mix Per Diem Rate Effective Date:	10/1/2019	Otrly BIMS score	48.3%	5.5%	Quarterly Medicaid CMI:	1.4268	1,4446
		MDS & Nurse Hrs Data per Quarter Ending:	06/30/19	Nurse Hours per On-Site Day/Quality Incentive:	3.95	3.0%	Ortrly Moaid CMI w RUG Wight Options:	1,4533	1.4694
<u> </u>									
				Routine	Special		Laundov & Plant Admin	ASC. CL.PI Property	Taxes

Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
22.00			a	densité b iji ilike	C	. d	e	2004 2004 # 2004 644	g	g de la la la la la la la la la la la la la	ateria ili h erence	ggang i na s
<u> c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105,0% \$0.37			
_	Base Period Per Diem Allowed Amounts	A. Et al Esta out. Esta out. Esta out.							İ			
5 6	As Filed Cost Center Costs (Routine & Special Styce Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$8,627,469	\$4,495,983	\$0	1 ' ' "	\$606,111	\$614,641	\$965,266	\$128,134	\$708,352	\$0
7	Audit Adjustments and Reallocations to Cost Center Costs Cost Center Costs After Audit Adjustments	FY12 C/R Audit Adjstmts FY12 Audited C/R	(\$209,225)	\$15,136	\$0	\$1,272	(\$1,574)	(\$13,942)	(\$202,960)		(\$80,933)	\$73,776
8	Total Nursing Facility Days As Filed Days = 54,323	FY12 Audited C/R Days	\$8,418,244 54,323	\$4,511,119	\$0	\$1,110,254	\$604,537	\$600,699	\$762,306	\$128,134	\$627,419	\$73,776
ľ	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 52,298	FY 18 GL-PL Ins Rpt Days	54,323							52,298		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srycs	Ln 7/Ln 8 Col a	\$155.06	\$83.04	\$0.00	\$20.44	\$22,19	(with L&H)	\$14,03	52,298 \$2,45	\$11.55	\$1.36
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12	\$155.00	1.2827	30.50	920.44	\$22.15	(was cos)	314.03	\$2.45	\$11,5	\$1.30
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$64.74								
12	Net Per Diems after Case Mix Adjstrat to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$64.74	\$0.00	\$20.44	\$22.19		\$14.03	\$2.45	\$11.55	\$1,36
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	\$1.00
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$132.60	\$64.74	\$0,00	\$18.41	\$22.19		\$14.03	\$2.45	9,42	\$1.36
	Quarterly Per Diem Rate Prior to Add-οπs										(FRV)	
15	Growth Allowance Percentage = 13,37%	Ln 14 x Grwth Ailwnc %	\$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 + Lπ 15	\$148.57	\$73,40	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9.42	\$1,36
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	0,,,0.0.	1.4533	0.00	V20,01	\$20.10	Ψ0.00	\$10.51	92.40	φ3.4Z	\$1,50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$106.67								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOthr = En 16	\$181.84	\$106.67	\$0.00	\$20.87	\$25.16	\$0.00	\$15.91	\$2.45	\$9.42	\$1.36
	Quarterly Per Diem Add-on Amounts		Anna								;	
20	Efficiency Add-on Per Diem ([Stnd - Alwd] x ,75, up to max, or 0)	(see Policy Manual)	\$1.31	\$0.53	\$0.00	\$0.00	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Coî b x CPS Add-on	\$5.87	\$5.87		1=.00	43.41	\$5.00	75,01		45.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$3.20	\$3.20								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17,10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.48	\$9.60	\$0,00	\$0.00	\$0.41	\$0,00	\$17.47	\$0.00	\$0,00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + l,n 24	\$209.32	\$116.27	\$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	\$144.17						1			
		1										

Prov Prvd	·	10/1/2019		owth Allowance; ttrly BIMS score	Facility Score N/A 46.0% 3.52	Add-on <u>Percent</u> 13.37% 5,5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1885 1.4425 1.4706	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpag	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			(ь	· ·	d	e	Secreta Followers	g	g	, in the latest harmonic to the latest harmonic the latest harmonic to the latest harmonic to the latest harmonic	eras ignas I asno
CA	SE MIX BASED RATE CALCULATIONS											
1 C	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3	eer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37		:	
В	ase Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$8,695,334	\$4,779,936	\$0	\$1,004,184	\$671,257	\$515,393	\$1,252,659	\$142,847	\$329,058	\$0
E F	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
1	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$8,499,553	\$4,776,498	\$0	\$1,004,184	\$662,306	\$497,168	\$1,093,721	\$142,847	\$231,502	\$91,327
8	Total Nursing Facility Days As Filed Days = 68,664	FY12 Audited C/R Days	68,664									
	Total Nursing Facility Days GL-Pt. Ins. Rpt As Filed Days = 67,751	FY 18 GL-PL Ins Rpt Days								67,751		
1 1	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$123,81	\$69.56	\$0.00	\$14.62	\$16.89	(with L&H)	\$15,93	\$2.11	\$3.37	\$1,33
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.1885</u>								
1 1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58.53								
1 1	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.53	\$0.00	\$14.62	\$16.89		\$15.93	\$2.11	\$3.37	\$1.33
1	Per Diem Standards (After Statewide CMA for Routine Stres)	per Peer Group Limits Lesser of Ln 12 or Ln 13	0100.00	\$71.51	\$0,00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 of Ln 13	\$120.20	\$58.53	\$0,00	\$14.62	\$16.89		\$15.93	\$2.11	10.79 (FRV)	\$1.33
Q	uarterly Per Diem Rate Prior to Add-ons										() // ()	
	Growth Allowance Percentage = 13.37%	En 14 x Grwth Allwnc %	\$14.17	\$7,83	\$0.00	\$1.95	\$2.26	\$0.00	\$2.13	N/A	N/A	N/A
1	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		<u>1.4706</u>								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 16 x £n 17		\$97.59								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$165.60	\$97.59	\$0.00	\$16.57	\$19.15	\$0.00	\$18.06	\$2.11	\$10.79	\$1.33
a	uarterly Per Diem Add-on Amounts											
1 1	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	j
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.37	\$5.37								
! !	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.93	\$2.93								
1	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$26.93	\$8.83	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$192.53	\$106.42	\$0.00	\$16.79	\$19.56	\$0.00	\$35.53	\$2.11	\$10.79	\$1.33
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$131.57									***************************************

	ovider: Westminister Commons vdr ID: 00140082A Case Mix Per Diem Rate Effective D MDS & Nurse Hrs Data per Quarter End			rth Allowance: ly BIMS score	Facility Score N/A 47.1% 3.37	Add-on Percent 13.37% 5.5% 3.0%		Quarterly t	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility Specific 1.3564 1.2935 1.3114	State- wide 1.3699 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Rouline Services	Special Services	Dielary	l.aundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			а	b	С	ď	е	f	g	g	h	i
CA	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90,0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY13 C/R	\$4,634,507	\$2,142,321	\$0	\$373,615	\$221,648	\$334,257	\$885,491	\$115,686	\$561,489	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY13 C/R Audit Adjstmts	(\$109,588)	\$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, 6 48	\$334,257	\$775,903	\$115,686	\$495,520	\$65,969
8	Total Nursing Facility Days As Filed Days = 27,110 Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 26,912	FY13 Audited C/R Days FY 18 GL-PL Ins Rpt Days	27,110							00.040		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$166.94	\$79.02	\$0.00	\$13.78	\$20.51	(with L&H)	\$28.62	26,912 \$4,30	\$18,28	ED 42
10	Base Period Facility Case Mix Index for All Residents	from 4 glrs of FY10	\$100.54	1,3564	\$0,00	\$13.76	\$20.51	(WILH LOCH)	\$20.02	\$4.50	\$16.26	\$2.43
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$58,26								
12	Net Per Dierns after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$58.26	\$0.00	\$13.78	\$20.51		\$28.62	\$4.30	\$18.28	\$2,43
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$73,90	\$0.00	\$19.14	\$23.27		\$23.46	\$0.00	N/A	ΨL10
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)	
15	Quarterly Per Diem Rate Prior to Add-ons 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 Diern (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	41.0.00	1.3114	40.50	Q10.02	\$20.20	40.00	Q20.50	Ψ1.00	Ų1.01	Ψ2.40
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.62								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$166.63	\$86.62	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine S	rvs) Ln 19 Col b x CPS Add-on	\$4.76	\$4.76								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$2.60	\$2.60								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Las 20 thru 23	\$25.62	\$7.89	\$0.00	\$0.22	\$0.41	\$0,00	\$17.10	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Łn 19 + Ln 24	\$192.25	\$94.51	\$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	\$131.36									

1	wider: Westview Nursing & Rehab Center 00143536A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019	_	owth Allowance: trly BIMS score	Facility Score N/A 28.8% 3.08	Add-on Percent 13,37% 1.0% 3.0%	<u> </u>	Quarterly I	CMI) Data I Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3807 1.5565 1.5843	State- wide 1.3617 1.4446 1.4694
Line #	Description;	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
21,5 2			а	ydddiaddiaddiaddiadd	c	đ	е	5959968 f 3979697	g	g	ektiri kw h sa sagari	aggigi l aang
CA	SE MIX BASED RATE CALCULATIONS											
1 0	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50,0% 105.0% \$0,37			
В	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$3,525,367	\$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									
	Total Nursing Facility Days GL-PL Ins, Rpt As Filed Days = 26,696	FY 18 GL-PL Ins Rpt Days								26,696		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7/Ln 8 Col a	\$123.67	\$64.85	\$0,00	\$13,49	\$16.66	(with L&H)	\$18,81	\$3.12	\$5,54	\$1.20
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3807</u>								1
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	in 9 / in 10		\$46.97				;				
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$46.97	\$0.00	\$13.49	\$16.66		\$18.81	\$3.12	\$5,54	\$1.20
1 1	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	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	\$1.20
c	tuarterly Per Diem Rate Prior to Add-ons										(FRV)	
15	Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$12.82	\$6.28	\$0.00	\$1.80	\$2.23	\$0.00	\$2.51	N/A	N/A	N/A
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$124.21	\$53.25	\$0,00	\$15.29	\$18.89	\$0.00	\$21.32	\$3.12	\$11.14	\$1.20
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qir End		1.5843								
18	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$84,36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = En 18, AllOlhr = En 16	\$155.32	\$84,36	\$0.00	\$15.29	\$18.89	\$0,00	\$21.32	\$3.12	\$11.14	\$1.20
0	uarterly Per Diem Add-on Amounts											
1 1	Efficiency Add-on Per Diem ([Stnd - Atwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.37		\$0.00	
1	BIMS Add-on Per Diem = 1.0% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$0.84	\$0,84		,	<i>-,</i>		45.01		25.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Strng Add-on	\$2.53	\$2,53								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$22.00	\$3.90	\$0.00	\$0.22	\$0.41	\$0,00	\$17.47	\$0.00	\$0.00	\$0.00
25 Q	uarterly Case Mix Based Per Diem Rate	£n 19 + Ln 24	\$177.32	\$88.26	\$0.00	\$15.51	\$19.30	\$0.00	\$38.79	\$3.12	\$11.14	\$1.20
26 Q	uarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.17			1						

\$17.10

\$17.47

\$38.94

\$0.00

\$0.00

\$0.00

\$9.07

\$0.00

\$0.19

\$0.00

\$0.00

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

	Provid Prvdr	· · · · · · · · · · · · · · · · · · ·	10/1/2019		owth Allowance: Qtrly BIMS score	Facility Score N/A 46.7% 3.31	Add-on <u>Percent</u> 13.37% 5.5% 3.0%			d Overall CMI: Medicaid CMI:		Facility <u>Specific</u> 1.4960 1.6944 1.7228	State- wide 1.3617 1.4446 1.4694
Lir		Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
				а	b	С	d	е	f	g	g	h	i
	CASI	E MIX BASED RATE CALCULATIONS											
1	Co	ost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	2 F	er Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Ва	se Period Per Diem Allowed Amounts											
5	5 A	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$1,040,043	\$452,732	\$0	\$101,172	\$55,082	\$62,563	\$179,718	\$47,102	\$141,674	\$0
6	6 A	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$48,740)	\$0	\$0	(\$78)	\$173	\$871	(\$50,146)		(\$833)	\$1,273
7	, (Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$991,303	\$452,732	\$0	\$101,094	\$55,255	\$63,434	\$129,572	\$47,102	\$140,841	\$1,273
8	3	Total Nursing Facility Days As Filed Days = 6,840	FY12 Audited C/R Days	6,840									
		Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 12,944	FY 18 GL-PL Ins Rpt Days								12,944		
9) N	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.04	\$66.19	\$0.00	\$14.78	\$17.35	(with L&H)	\$18.94	\$0.00	\$20.59	\$0.19
1	0	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.4960</u>								
1	1	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$44.24								
1:	2 N	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$44.24	\$0.00	\$14.78	\$17.35		\$18.94	\$0.00	\$20.59	\$0.19
1:	3 F	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
1.	4 E	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$104.57	\$44.24	\$0.00	\$14.78	\$17.35		\$18.94	\$0.00	9.07	\$0.19
	Qu	arterly Per Diem Rate Prior to Add-ons										(FRV)	
1:	5 0	Growth Allowance Percentage = <u>13.37%</u>	Ln 14 x Grwth Allwnc %	\$12.74	\$5.91	\$0.00	\$1.98	\$2.32	\$0.00	\$2.53	N/A	N/A	N/A
1	6 C	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$117.31	\$50.15	\$0.00	\$16.76	\$19.67	\$0.00	\$21.47	\$0.00	\$9.07	\$0.19
1	7	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.7228								
1	8	Qrtrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$86.40								
1	9 0	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153.56	\$86.40	\$0.00	\$16.76	\$19.67	\$0.00	\$21.47	\$0.00	\$9.07	\$0.19
	Qu	narterly Per Diem Add-on Amounts											
2		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	
2	1 E	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$4.75	\$4.75								
2	2 N	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$2.59	\$2.59								

\$17.10

\$25.97

\$179.53

\$121.82

\$7.87

\$94.27

\$0.00

\$0.00

\$0.22

\$16.98

\$0.41

\$20.08

(Fixed Amount)

Sum of Lns 20 thru 23

Ln 19 + Ln 24

(Ln 25 - Ln 23) * 0.75

23

24

Nursing Home Provider Fee

25 Quarterly Case Mix Based Per Diem Rate

Total Quarterly Per Diem Add-on Amounts

26 Quarterly Per Diem Rate for Bed Hold and Leave Days

Provider: Wildwood Health Care, Inc. Prvdr ID: 00143547A Case Mix Per Diem Rate Effective Date MDS & Nurse Hrs Data per Quarter Ending	: 10/1/201 9		owth Allowance: htrly BIMS score	47.1%	Add-on <u>Percent</u> 13.37% 5.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3013 1.5776 1.6081	State- wide 1,3617 1,4446 1,4694
ine # Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
	I am is a single work that are distributed that the	a	1992/2011 b 000/2011	c	d	e	Section 1	g	g	h h	na ogranjana i frant
CASE MIX BASED RATE CALCULATIONS 1 Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
Base Period Per Diem Allowed Amounts											
As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,109,487	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	9 \$
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	7) \$12,23
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	2 \$12,23
8 Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434 9 Net Per Diems prior to Case Mix Adistmt to Routine Specs	FY 18 GL-PL Ins Rpt Days								15,434		
The contract of the contract o	from 4 qlrs of FY12	\$134.81	\$72.13	\$0.00	\$18.36	\$21.55	(with L&H)	\$20.10	\$0,58	\$1.29	\$0.8
Base Period Facility Case Mix Index for All Residents Routine Sives Case Mix Adjstd (CMA) Net Per Diem	110m 4 qus 01 FF 12		1.3013 \$55.43								
12 Net Per Diems after Case Mix Adjstrat to Routine Srycs	RS = Ln 11, AllOthr = Ln 9		\$55.43 \$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	e sna

3	Peer Group Standards: Multiplier	(see Policy Manual)		100.0%	100.0%	100.0%	100.0%		105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,109,487	\$1,107,662	\$0	\$281,589	\$162,295	\$165,310	\$351,885	\$8,987	\$31,759	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$41,467)	(\$1,169)	\$0	\$0	\$1,443	\$1,470	(\$43,494)		(\$11,947)	\$12,230
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$2,068,020	\$1,106,493	\$0	\$281,589	\$163,738	\$166,780	\$308,391	\$8,987	\$19,812	\$12,230
8	Total Nursing Facility Days As Filed Days = 15,340	FY12 Audited C/R Days	15,340									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 15,434	FY 18 GL-PL Ins Rpt Days								15,434		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / tn 8 Cola	\$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 qlrs of FY12		<u>1.3013</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	£n 9 / £n 10		\$55.43								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = £n 11, AllOthr = £n 9		\$55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	\$1.29	\$0.80
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126,05	\$ 55.43	\$0.00	\$18.36	\$21.55		\$20.10	\$0.58	9.23	\$0.80
	Quarterly Per Diem Rate Prior to Add-ons										(FRV)	
15		Ln 14 x Grwth Allwinc %	\$15.43	\$7.41	\$0.00	\$2,45	\$2.88	\$0.00	\$2.69	N/A	N/A	N/A
16		In 14 + In 15	\$141.48	\$62.84	\$0.00	\$20.81	\$24.43	\$0.00	\$22.79	\$0.58	\$9.23	\$0,80
17		per Current Qtr End	\$141.40	1.6081	\$0.00	\$20.01	φ <u>2</u> 4,43	\$0.00	922.19	\$0.56	φ 3 ,23	30.60
18		Ln 16 x Ln 17		\$101,05				•				
19		RS = Ln 18, AllOthr = Ln 16	\$179.69	\$101.05	\$0.00	\$20.81	\$24.43	\$0.00	\$22.79	\$0,58	\$9.23	\$0.80
	, , , , , , , , , , , , , , , , , , , ,		\$110.00	4101.00	40.00	Q20.01	42.7,70	\$0.00	922.73	\$0.56	\$5.23	\$0.60
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.32	\$0.53	\$0.00	\$0.04	\$0.41	\$0.00	\$0.34		\$0.00	
21	BIMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.56	\$5.56								
22		Ln 19 Col b x Sting Add-on	\$3.03	\$3.03								
23		(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$27.01	\$9.12	\$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 + En 24	\$206.70	\$110.17	\$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	\$142.20						······································			······································

FINAL

Provider: Willowwood Nursing Center Prydr ID: 00271829A H/B ?: No Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nurse Hou		a and Percentages Growth Allowance; BIMS Day/Quality Incentive;	Facility Score N/A 35.3% 3.11	Add-on Percent 13.37% 2.5% 3.0%			riod Overall CMI: ly Medicaid CMI:		Facility Specific 1.1879 1.2675 1.2893	State- wide 1.3617 1.4446 1.4694
Line Description #	Sources / Calculations	Totals	Routine Services	Special Services c	Dietary d	Laundry & Houskpng	Plant Operatins & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related h	Taxes and Insurance
CASE MIX BASED RATE CALCULATIONS								<u> </u>		11	<u>, , , , , , , , , , , , , , , , , , , </u>
Cost Center Peer Groups per Selected Options			1	1	2	1	1	1			
Type of Facility within Peer Group			All Facilities		Freestanding		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	1	413,205	205,765	267,259	616,206	78,669	380,009	18,58
Inflation (July 2012) @ 2.06%		1	32,866	i	8,512	9,744		12,694			38
Patient Days	FY 2010 Cost Rpt	1	35,750		35,750	35,750		35,750		35,750	35,75
Total Nursing Facility Days GL-PL Ins. Rpt	FY 18 GL-PL Ins Rpt Days			}					31,254		
Inflated NHC/ Patient Days		1	45,55	ŧ	11.80	13.50		17.59	2.52	10.63	0.5
Base Period Facility CMI for all Residents			<u>1.1879</u>	***							
Routine Services Case Mix Adjusted Net Per Diem			\$38.34					047.50			۸,
Net Per Diems After Case Mix Adjustments		\$94.91	\$38.34		\$11.80	\$13.50 \$23.20		\$17.59 \$21.80	\$2,52	\$10.63	0.5
Per Diem Standards		600.00	\$72.49	ļ	\$17.69 \$11.80	\$23.20 \$13.50		\$21.80 \$17.59	\$2.52	7.99	0.5
Base Period Case Mix Adjusted Allowed Per Diem		\$92.28	\$38.34		\$11.80	\$13.50		\$17.59	\$2.52		0.0
Quarterly Per Diem Rate Prior to Add-Ons		\$10.86	\$5.13	ŀ	\$1.58	\$1.81		\$2.35		(FRV Rate)	
Growth Allowance 13.37%			\$3.13 \$43.47	ł	\$1.38	\$1.61 \$15.31		\$19.94	\$2.52	\$7.99	\$0.5
CMA Allowed Per Diem After Growth Allowance		\$103.13	1.2893		\$15.51	\$15.51		\$19.94	\$2.52	\$1.99	\$0.0
Quarterly Facility Case Mix Index for Medicaid Residents			\$56.05					1			
Ortly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem		\$115.71	\$56.05 \$56.05	1	\$13.37	\$15.31		\$19.94	\$2,52	\$7.99	\$0.5
Quarterly Medicaid CMA Allowed Per Diem		\$115.71	\$30.03	1	\$13.31	\$10.01		\$15.54	\$2.52	Ģ1.55	\$0.0
Quarterly Per Diem Add-On Amounts		\$1.53	\$0.53	1	\$0.22	\$0.41		\$0.37			
Efficiency Add-On Per Diem (Std - Allwd x .75 up to max or 0)		\$1.55	1.40	1	90.22	\$0.41		90.51			
BIMS Add-on Per Diem = 2.5% (to Routine Srvs) Nurse Staff Hrs / Quality Add-on Per Diem = 3.0%		\$1.40	1.68		1						
, table dan the talent from the transfer		\$ 17.10	1.00					\$ 17.10			
Nursing Home Provider Fee		\$21.71						11.10			
Total Quarterly Per Diem Add-On Amounts		\$137.42	\$59.66		\$13.59	\$15.72		\$37.41	\$2.52	\$7.99	\$0.5
Quarterly Case Mix Based Per Diem Rate	\$90.24	\$131.42	\$35.00	 	\$10.03	\$10.12		ψυτ.Ν1	Ψ2.02	· • • • • • • • • • • • • • • • • • • •	Ψ0.0
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75% Minimu Quarterly Case Mix Based Per Diem Rate	350,24 }	\$147.00	***************************************	I	.1	<u> </u>		<u> </u>		L	L
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$97.43	ψ. Ψ 1.00									

1	ovider: Windemere Health & Rehab vdr ID: 00241678A	10/1/2019		owth Allowance: tirly BIMS score		Add-on Percent 13,37% 2.5% 2.0%		Quarterly i	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.5761 1.6936 1.7253	State- wide 1,3617 1,4446 1,4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatos & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	Approx C Common	d	::::::::::::::::::::::::::::::::::::::	men facely	g	g	h	redika Natao
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100,0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL R	ot \$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 Adjstmts	(\$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 Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$138.84	\$80.07	\$0.00	\$15.15	\$11,51	(with L&H)	\$25.38	\$0.10	\$5.39	\$1.24
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.5761</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$50.80								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$50.80	\$0.00	\$15,15	\$11.51		\$25.38	\$0.10	\$5.39	\$1,24
14	Per Diem Standards (After Statewide CMA for Routine Stress)	per Peer Group Limits		\$71.51	\$0.00	\$18,41	\$23.09		\$20,56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$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										(FRV)	
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 Diern (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		1.7253								
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$99,36								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.56	\$99.36	\$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 ([Stnd - Alwd] x .75, up to max, or 0)	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2.48	\$2.48								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Sivis)	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	\$22.73	\$5.00	\$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	\$186,29	\$104.36	\$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	(i.n 25 - Ln 23) * 0.75	\$126.89									

1	ovider: Winder Nursing, Inc. vdr ID: 00142854A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 25.7% 3.31	Add-on <u>Percent</u> 13.37% 1.0% 2.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options;		Facility <u>Specific</u> 1,3615 1,3006 1,3241	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	ъ	c	d	e	Religies f ormation	g	g	elili ilgi h i serderi	era e ja lauti
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srycs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$7,471,546	\$4,058,730	\$0	\$827,505	\$349,698	\$545,779	\$1,031,580	\$118,089	\$540,165	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$86,521)	(\$32,627)	\$0	\$0	\$886	\$1,384	(\$57,483)	\$110,000	(\$18,805)	\$20,124
7	Cost Center Costs After Audit Adjustments	FY12 Audited C/R	\$7,385,025	\$4,026,103	\$0	\$827,505	\$350,584	\$547,163	\$974,097	\$118,089	\$521,360	\$20,124
8	Total Nursing Facility Days As Filed Days = 53,832	FY12 Audited C/R Days	53,832			-	-	,			,	,
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 46,878	FY 18 GL-PL Ins Rpt Days								46,878		
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln 7 / Ln 8 Col a	\$137.51	\$74.79	\$0.00	\$15.37	\$16,68	(with L&H)	\$18.10	\$2,52	\$9.68	\$0,37
10	Base Period Facility Case Mix Index for All Residents	from 4 qtrs of FY12		<u>1.3615</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$54.93								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AliOthr = Ln 9		\$54.93	\$0.00	\$15.37	\$16,68		\$18.10	\$2.52	\$9.68	\$0.37
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limils		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	tesser of tn 12 or Ln 13	\$119,13	\$54.93	\$0.00	\$15.37	\$16.68		\$18.10	\$2,52	11.16 (FRV)	\$0.37
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.04	\$7.34	\$0.00	\$2.05	\$2.23	\$0.00	\$2.42	NI/A	****	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$133.17	\$62.27	\$0.00	\$2.05 \$17.42	\$2.23 \$18.91	\$0.00	\$2.42	N/A \$2.52	N/A \$11.16	N/A \$0.37
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$155.17	1.3241	\$0.00	317.42	\$10.51	\$0.00	\$20.52	\$2.52	\$17.10	\$0.37
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$82.45								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$153,35	\$82.45	\$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 ([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 Rouline Srvs)	Ln 19 Col b x CPS Add-on	\$0.82	\$0.82							, 3.55	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Stfng Add-on	\$1.65	\$1.65								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$21,10	\$3.00	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$174.45	\$85.45	\$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	\$118,01			•						

	ovider: Winthrop Manor Nursing Center vdr ID: 00143118A Case Mix Per Diem Rate Effective Date; MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance; trly BIMS score	Facility Score N/A 36.8% 3.41	Add-on <u>Percent</u> 13.37% 2.5% 3.0%		Quarterly l	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.3379 1.4543 1.4806	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
0,000			a ((())	b		110 M d 110 M	e	6 f	g	9	erilling h eed to be	····· i ·····
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards; Percentile Peer Group Standards; Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85,0% 100.0% \$0.41		50.0% 105,0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rp	\$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 Adjstmts	(\$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 Srvcs	Ln 7 / Ln 8 Cot 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		<u>1.3379</u>								
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$60.53								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	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 Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$125,82	\$60.53	\$0.00	\$14.83	\$18,49		\$17.88	\$2,87	10.26 (FRV)	\$0.96
15	Quarterly Per Diem Rate Prior to Add-ons Growth Allowance Percentage = 13.37%	Ln 14 x Grwth Allwnc %	\$14.93	\$8,09	\$0.00	\$1.98	\$2.47	\$0,00	\$2.39	N/A	NICA	
16	CMA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$140.75	\$68.62	\$0.00	\$1.96	\$2.47 \$20.96	\$0.00	\$2.39	\$2.87	N/A \$10.26	N/A \$0.96
17	Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End	\$140.75	1.4806	90.00	\$10.01	φ20.90	\$0.00	\$20.21	\$2.01	\$10,26	\$0.50
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$101.60								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = £n 16	\$173.73	\$101.60	\$0,00	\$16.81	\$20.96	\$0.00	\$20.27	\$2.87	\$10,26	\$0,96
	Quarterly Per Diem Add-on Amounts			1								
20	Efficiency Add-on Per Diem ([Stnd - Ahwd] x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Lri 19 Col b x CPS Add-on	\$2.54	\$2.54			Ţ3		55.01		40.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	En 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	\$24.22	\$6.12	\$0.00	\$0.22	\$0.41	\$0.00	\$17.47	\$0,00	\$0.00	\$0.00
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$197.95	\$107.72	\$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	\$135.64									1

1	ovider: Wood Dale Health Care Center vdr ID: 00143591A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: tirly BIMS score	Facility Score N/A 43.1% 3.34	Add-on Percent 13.37% 2.5% 3.0%		Quarterly I	CMI) Data d Overall CMI: Medicaid CMI; Wght Options;		Facility <u>Specific</u> 1.2524 1.2693 1.2885	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
			a	b	C	d	e	f	g	g	y Massela h Massassi	obstatilanio
<u>C</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility wilthin Peer Group Bed Size Range wilthin Peer Group	(see Policy Manual)		1 All Facililies All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	4		
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$4,219,033	\$2,417,583	\$0	\$472,033	\$287,471	\$253,518	\$474,971	\$8,205	\$305,252	\$0
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$17,067)	\$0	\$0	(\$1,703)	\$0	\$0	(\$17,067)	45,2.05	(\$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 Srvcs	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 Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 9 / Ln 10		\$66.09								
12	Net Per Diems after Case Mix Adjstmt to Routine Srvcs	RS = Ln 11, AllOthr = Ln 9		\$66.09	\$0.00	\$16,10	\$18.52		\$15.68	\$0.28	\$10,43	\$0.08
13	Per Diem Standards (After Statewide CMA for Routine Srvcs)	per Peer Group Limits		\$71.51	\$0.00	\$18.41	\$23.09		\$20.56	\$0.00	N/A	
14	Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$126.39	\$66.09	\$0.00	\$16.10	\$18.52		\$15.68	\$0.28	9,64 (FRV)	\$0.08
15	Quarterly Per Diem Rate Prior to Add-ons 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		1.2885	40.00	710.20	Ψ2,1,00	•0.00	\$11.10	\$0.20	43.04	\$0.00
18	Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$96.55								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$163.58	\$96.55	\$0.00	\$18.25	\$21,00	\$0.00	\$17.78	\$0.28	\$9.64	\$0.08
	Quarterly Per Diem Add-on Amounts											
20	Efficiency Add-on Per Diem ((Stnd - Alwd) x .75, up to max, or 0)	(see Policy Manual)	\$1,53	\$0.53	\$0,00	\$0,22	\$0.41	\$0.00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$2,41	\$2.41							23.00	
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Stycs)	Ln 19 Col b x Stfng Add-on	\$2,90	\$2.90								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17,10						\$17.10			
24	Total Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$23,94	\$5.84	\$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	\$187.52	\$102.39	\$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	\$127.82							1		

	rovider: Woodlands Health & Rehab Ctr. rvdr ID: 00141985A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019		owth Allowance: trly BIMS score	Facility Score N/A 30,4% 2.92	Add-on Percent 13.37% 2.5% 3.0%	*****	Quarterly I	CMI) Data d Overall CMI: Medicaid CMI: Wght Options:		Facility <u>Specific</u> 1.1917 1.1440 1.1594	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpag	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
<u>c</u>	ASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
2 3 4	Peer Group Standards & Efficiency Measure Limits Peer Group Standards: Percentile Peer Group Standards: Multiplier Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0.53	90.0% 100.0% \$0.00	90.0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
	Base Period Per Diem Allowed Amounts											
5	As Filed Cost Center Costs (Routine & Special Srvcs Combined)	As Filed FY12 C/R -FY 2018 GL-PL Rpt	\$2,762,052	\$1,272,623	\$0	\$311,916	\$156,979	\$216,758	\$457,187	\$22,007	\$324,582	so
6	Audit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$84,945)	\$0	\$0	\$0	(\$419)	\$3,085	(\$86,820)	1 1	(\$29,248)	\$28,45
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	\$28,45
8	Total Nursing Facility Days As Filed Days = 22,087	FY12 Audited C/R Days	22,087									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 41,847	FY 18 GL-PL Ins Rpt Days							242.77	41,847	******	
9	Net Per Diems prior to Case Mix Adjstmt to Routine Srvcs	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 <u>Case Mix Index</u> for All Residents	from 4 qtrs of FY12 Ln 9/Ln 10		1.1917	İ							
11	Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	RS = Ln 11, AllOthr = Ln 9		\$48.35 \$48.35	\$0.00	\$14.12	\$17.04		\$16.77	\$0.53	\$13.3 7	\$1.2
12	Net Per Diems after Case Mix Adjstmt to Routine Srycs	per Peer Group Limits		\$71.51	\$0.00	1	\$17.04		\$20.56	\$0.00	N/A	31.2.
13 14	Per Diem Standards (After Statewide CMA for Routine Struss) Base Period Case Mix Adjusted Allowed Per Diem	Lesser of Ln 12 or Ln 13	\$103.25	\$48.35	\$0.00	\$10.41	\$23.03		\$16.77	\$0.53	5.15	\$1.2
14	Base Period Case Mix Adjusted Allowed Per Dietri	200001 01 217 12 01 217 10	\$100.20	040.00	40,00	0.4.12	\$11.04		\$10.11	45.55	(FRV)	
	Quarterly Per Diem Rate Prior to Add-ons											
15		Ln 14 x Grwth Allwac %	\$12.87	\$6.46	\$0.00		\$2.28	\$0.00		N/A	N/A	N/A \$1,2
16	· · · · · · · · · · · · · · · · · · ·	Ln 14 + Ln 15	\$116.12	\$54.81	\$0.00	\$16.01	\$19.32	\$0.00	\$19.01	\$0.53	\$5,15	\$1,2
17		per Current Qtr End Ln 16 x Ln 17		1.1594 \$63,55								
18 19		RS = Ln 18, AllOthr = Ln 16	\$124.86	\$63,55	\$0,00	\$16.01	\$19.32	\$0.00	\$19,01	\$0.53	\$5.15	\$1.2
19	Quarterly medicals CIMA Allowed Fea Diem	7.6 2. 10,7.110	\$124.00				110.02	40	1		•	
	Quarterly Per Diem Add-on Amounts											
20		(see Policy Manual)	\$1.53	\$0.53	\$0.00	\$0.22	\$0.41	\$0,00	\$0.37		\$0.00	
21	BIMS Add-on Per Diem = 2.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$1.59	\$1.59								
22	-	Ln 19 Col b x Slfng Add-on (Fixed Amount)	\$1.91 \$17.10	\$1.91			***************************************		\$17.10			
23 24		Sum of Lns 20 thru 23	\$22.13	\$4.03	\$0,00	\$0,22	\$0,41	\$0.00			\$0.00	\$0.00
25		Ln 19 + Ln 24	\$146,99	\$67.58	1		\$19.73	\$0.00			\$5.15	
				307.30	\$0.00	710.20	1 715.75	1 40.50	1 400.40	1	45.10	1
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$97,42									
27	Minimum Quarterly Case Mix Based Per Diem Rate		\$147.00									
		1		⊣								

\$97.43

(Ln 27 - Ln 23) * 0.75

28 Quarterly Per Diem Rate for Bed Hold and Leave Days

•	Provider: Woodstock Nursing and Rehab Center	Ad-	d-on Data and P		Facility Score	Add-on Percent	Ças	e Mix Index (C			Facility Specific	State- wide
F	Prvdr ID: 00171212A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours per (Qtr	th Allowance: by BIMS score ality Incentive:	N/A 40.4% 3.66	13.37% 2.5% 3.0%	Qrtrly Mcaid		l Overall CMI: Medicald CMI: Wght Options:		1.5030 1.6529 1.6827	1.4014 1.4446 1.4694
Line	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
ŀ		ı	a	b i	c	ď	е	f	g	1 .	h	i
2	CASE MIX BASED RATE CALCULATIONS											
1	Cost Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			***************************************
2 3	Peer Group Standards: Multiplier	(see Policy Manual) (see Policy Manual)		90.0% 100.0%	90.0% 100.0%	90.0% 100.0%	85.0% 100.0%		50.0% 105.0%			
4	Efficiency Measure Maximums (see line 20 for actual)	(see Policy Manual)		\$0.53	\$0.00	\$0.22	\$0.41		\$0.37			
	Base Period Per Diem Allowed Amounts											
5	, , ,	As Filed FY 14 C/R - FY 18 GL-PL Rpt	\$4,660,444		\$0	\$361,256	\$172,432	\$210,220	\$771,588	\$202,899	\$487,526	
6		FY14 C/R Audit Adjstmts	(\$41,721)	(\$7,343)	\$0	\$0	\$6,537	\$8,304	(\$67,698)	! !	(\$358)	\$18,
7		FY14 Audited C/R	\$4,618,723	\$2,447,180	\$0	\$361,256	\$178,969	\$218,524	\$703,890	\$202,899	\$487,168	\$18,
8		FY14 Audited C/R Days	22,894									
	Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 44,670	FY 18 GL-PL Ins Rpt Days Ln 7 / Ln 8 Col a	5407.40	5400.00	-0.00	045.70	047.00		****	44,670	224.00	
9		from 4 qtrs of FY10	\$197.42	\$106.89	\$0.00	\$15.78	\$17.36	(with L&H)	\$30,75	\$4,54	\$21.28	\$0
10 11	1	10114 qus 01710 Ln 9/Ln 10		1.5030								
12		RS = Ln 11, AliOthr = Ln 9		\$71.12 \$71.12	\$0.00	\$15.78	647.96		\$30.75	64.54	604.00	so
13	•	per Peer Group Limits		\$73.31	\$0.00	\$19.76	\$17.36 \$23,55		\$30,75	\$4,54 \$0,00	\$21.28 N/A	\$0
14	·	Lesser of Ln 12 or Ln 13	\$142.54	\$73.31	\$0.00	\$15.78	\$17,36		\$24.02	\$4.54	8.90	\$0
'"	base rendu dase Mix Adjusted Allowed Fel Dietil	20300 01 21 12 01 21 13	3142.54	371,12	\$0.00	\$15.76	\$17.30		\$24.02	\$4.54	(FRV)	20
	Quarterly Per Diem Rate Prior to Add-ons										• • • •	
15	Growth Allowance Percentage = 13.4%	i.n 14 x Grwth Allwnc %	\$17.15	\$9.51	\$0.00	\$2.11	\$2,32	\$0.00	\$3.21	N/A	N/A	1
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	so
17	· · · ———	per Current Qir End		1.6827								
18		Ln 16 x Ln 17		\$135.68								
19	Quarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$214.74	\$135.68	\$0.00	\$17.89	\$19.68	\$0.00	\$27.23	\$4,54	\$8.90	\$0
	Quarterly Per Diem Add-on Amounts				1							
20	i .	(see Policy Manual)	\$1.16	\$0.53	\$0.00	\$0.22	\$0.41	\$0.00	\$0.00		\$0.00	
21		Ln 19 Col b x CPS Add-on	\$3,39	\$3,39								
22	Nurse Staff Hrs / Quality Add-on Per Diem = 3.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$4.07	\$4.07								
23	Nursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
24	Total Quarterly Per Diern Add-on Amounts	Sum of Lns 20 thru 23	\$25.72	\$7.99	\$0.00	\$0.22	\$0.41	\$0.00	\$17,10	\$0.00	\$0.00	\$0
25	Quarterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$240.46	\$143.67	\$0.00	\$18.11	\$20.09	\$0.00	\$44.33	\$4.54	\$8.90	\$0
26	Quarterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0,75	\$167.52		ł	1	I	1	1			

er: Wrightsville Manor	•			Facility Score N/A	Add-on Percent	Cas				Facility Specific	State- wide 1.3617
Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/1/2019 06/30/19 Nurse Hours po	C	trly BIMS score	47,5%	5.5% 2.0%	Ortrly Mcaid	Quarterly I	Medicaid CMI:		1.4775 1.5070	1.4446 1.4694
Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		2	ь		d	::::::::::::::::::::::::::::::::::::::	f	g	g	ilija esii h eesii ji	pidira j oka.
MIX BASED RATE CALCULATIONS											
st Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group	(see Policy Manual)		1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	2 Free Standing All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes			
er Group Standards & Efficiency Measure Limits der Group Standards: Percentile der Group Standards: Multiplier fficiency Measure Maximums (see line 20 for actual)	(see Policy Manual) (see Policy Manual) (see Policy Manual)		90.0% 100.0% \$0,53	90.0% 100.0% \$0.00	90,0% 100.0% \$0.22	85.0% 100.0% \$0.41		50.0% 105.0% \$0.37			
se Period Per Diem Allowed Amounts											
s Filed Cost Center Costs (Routine & Special Srvcs 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	S0
udit Adjustments and Reallocations to Cost Center Costs	FY12 C/R Audit Adjstmts	(\$101,335)	\$0	\$0	\$0	\$0	\$0	(\$100,981)		(\$26,499)	\$26,145
ost 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
Total Nursing Facility Days As Filed Days = 33,384	FY12 Audited C/R Days	33,384									
Total Nursing Facility Days GL-PL Ins. Rpt As Filed Days = 32,758	FY 18 GL-PL Ins Rpt Days								32,758		
et Per Diems prior to Case Mix Adjstmt to Routine Srvcs	Ln.7/Ln.8 Cola	\$121.35	\$64.95	\$0.00	\$14.95	\$14,51	(with L&H)	\$11.27	\$3.75	\$11,14	\$0.78
• • • • • • • • • • • • • • • • • • • •	from 4 qtrs of FY12		1.2201								
• • •			\$53.23								
•	•		\$53.23	\$0.00	\$14.95	\$14.51		\$11.27	\$3.75	\$11.14	\$0.78
•	,		-	\$0.00	\$18.41	\$23.09		\$20.56	\$0,00	N/A	
,	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
- ·	Lo 14 x Grwth Allwinc %	\$12.57	\$7 12	SO 00	\$2.00	\$1.94	\$0.00	\$1.51	N/A	N/Δ	N/A
MA Allowed Per Diem (After Growth Allowance Add-on)	Ln 14 + Ln 15	\$121.07	\$60.35	\$0.00	\$16.95		1		1		\$0.78
Quarterly Facility Case Mix Index for Medicaid Residents	per Current Qtr End		1.5070							3.3.51	\$5.70
Ortrly Routine Srvcs Case Mix Adjstd (CMA) Net Per Diem	Ln 16 x Ln 17		\$90.95								
uarterly Medicaid CMA Allowed Per Diem	RS = Ln 18, AllOthr = Ln 16	\$151,67	\$90.95	\$0.00	\$16.95	\$16.45	\$0,00	\$12.78	\$3.75	\$10.01	\$0.78
arterly Per Diem Add-on Amounts											
fficiency 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		sono	
IMS Add-on Per Diem = 5.5% (to Routine Srvs)	Ln 19 Col b x CPS Add-on	\$5.00	\$5.00					,		23,00	
urse Staff Hrs / Quality Add-on Per Diem = 2.0% (to Routine Srvcs)	Ln 19 Col b x Sting Add-on	\$1.82	\$1.82								
ursing Home Provider Fee	(Fixed Amount)	\$17.10						\$17.10			
otal Quarterly Per Diem Add-on Amounts	Sum of Lns 20 thru 23	\$25.45	\$7.35	\$0.00	\$0,22	\$0.41	\$0.00	\$17.47	\$0.00	\$0.00	\$0.00
arterly Case Mix Based Per Diem Rate	Ln 19 + Ln 24	\$177.12	\$98.30	\$0.00	\$17.17	\$16.86	\$0.00	\$30.25	\$3.75	\$10.01	\$0.78
arterly Per Diem Rate for Bed Hold and Leave Days	(Ln 25 - Ln 23) * 0.75	\$120.02				•			<u> </u>		
	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description Description E MIX BASED RATE CALCULATIONS Set Center Peer Groups Type of Facility within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Bed Size Range within Peer Group Ber Group Standards: Percentile Beer Group Standards: Multiplier Ifficiency Measure Maximums (see line 20 for actual) Beer Group Standards: Multiplier Ifficiency Measure Maximums (see line 20 for actual) Beer Beriod Per Diem Allowed Amounts Be Feriod Per Diem Addit Adjustments Total Nursing Facility Days As Filed Days = 33,384 Total Nursing Facility Days GL-PL Ins. Rpt Beriod Facility Case Mix Adjustm to Routine Srvcs Base Period Facility Case Mix Index for All Residents Routine Srvcs Case Mix Adjistm to Routine Srvcs Brown Standards (After Statewide CMA) Net Per Diem Bet Per Diems after Case Mix Adjistm to Routine Srvcs Beer Period Case Mix Adjusted Allowed Per Diem Bet Per Diem Rate Prior to Add-ons Browth Allowance Percentage = 13.37% Bend Allowed Per Diem (After Growth Allowance Add-on) Buarterly Per Diem Rate Prior to Add-ons Browth Allowed Per Diem (Ister Growth Allowance Add-on) Buarterly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Burterly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Burterly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Burterly Routine Srvcs Case Mix Adjistd (CMA) Net Per Diem Burterly Per Diem Add-on Amounts Briciency Add-on Per Diem (Ister Anwell x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-Anwall x. 75, up to max, or 0) By Add-on Per Diem (Stand-On Per Diem Stand Quarterly Per Di	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: Description Calculations Sources / Calculations Sources / Calculations EMIX BASED RATE CALCULATIONS st Center Peer Groups Type of Pacility within Peer Group Bed Size Range within Peer	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Date per Quarter Ending: Description Calculations Totals Sources / Calculations C	Case Mix Per Diem Rate Effective Date:	Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending: OG/0119 Nurse Hours per On-Site Day/Quality Incentive: A1.5%	Company Comp	Case Mix Part Delm Rate Effective Date: Case Mix Part Delm Rate Effective Date: Growth Allowance: Mix A 13.375 1.575 5.5%	Case Mix Per Diem Rate Effective Date: Most & Numer His Date per Quarter Ending: 1091/2019 Numer Hours per On Site DeptyNoulthy Incending Chief Miss Secret A7.5% 5.5	Control Cont	Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Por Disma Rate Effective Observation Case Mile Rate Case Mi	Control (1986) Cont

FINAL

Provider: Wynf Prvdr ID: 0014 H/B ?: No	ield Park Health & Rehab 1512A Case Mix Per Diem Rate Effective Date: MDS & Nurse Hrs Data per Quarter Ending:	10/01/19 06/30/19 Nur		ata and Percentages Growth Allowance: BIMS: e Day/Quality Incentive:		Add-on Percent 13.37% 2.5% 2.0%		Quarter	(CMI) Data riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific 1.2181 1.4752 1.4990	State- wide 1.3617 1.4446 1.4694
Line #	Description	Sources / Calculations	Totals	Routine Services	Special Services	Dielary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		· · · · · · · · · · · · · · · · · · ·	a	b	<u> </u>	<u> </u> d	е	f	g		h	<u>i</u>
Cost Center Type Bed S Peer Group Peer Group Efficiency Per Diem Co GL-PL- Ins Total Nurs Standard F Allowed @ Growth Allo CMA Allow Quarterly F Qrtly Routi	ED RATE CALCULATIONS r Peer Groups per Selected Options of Facility within Peer Group Standards & Efficiency Measure Limits p Standards: Percentile p Standards: Multiplier Measures (Maximums) oosts and Add-ons surance Costs ing Facility Days GL-PL Ins. Rpt Per Diem (After CMA for Routine Srvcs) 95% of Std owance 13.4% wed Per Diem (After Growth Alowance) Facility Case Mix Index for Medicaid Residents ine Srvcs Case Mix Adjstd (CMA) Net Per Diem Medicaid CMA Allowed Per Diem	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit	\$153.75 \$16.97 \$173.51	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.4990 \$115.44	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.00	2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	1 All Facilities All Bed Sizes 85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14		\$25.63 \$25.63 \$25.63 (FRV Rate) \$25.63	
Quarterly BIMS Add Nurse Stat Nursing He	Per Diem Add-On Amounts -on Per Diem = 2.5% to Routine Srvs) ff Hrs./ Quality Add-on Per Diem = 2.0% ome Provider Fee		\$2.89 \$2.31 \$17.10 \$22.29	\$2.89 \$2.31	WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			**************************************	17.10		4-3.50	
	erly Per Diem Add-On Amounts ase Mix Based Per Diem Rate		\$234.23	\$120.64	 	\$19.83	\$24.87	 	\$39.24	\$2.79	\$25.63	\$1.23
	old Per Diem Rate (Per Diem Rate - Pvdr Fee) x 75%	\$162.85	\$204.25	\$120.04	 	1 713.00	, VZ-1.01		403.24	1 42.75	420.50	

Quarterly Case Mix Per Diem Calculation

FINAL

Provider: Zebulon Park Health & Rehab Prvdr ID: 003125041B H/B ?: No Case Mix Per Diem Rate MDS & Nurse Hrs Data per		•	ata and Percentages Growth Allowance; BIMS; e Day/Quality Incentive;	Facility Score N/A 14.7% 4.47	Add-on Percent 13.37% 0.0% 2.0%	-	Quarter Icaid CMI w RU	riod Overall CMI: ly Medicaid CMI: G Wght Options:		Facility Specific Use Stwd 1.4620 1.4895	State- vide 1.3617 1.4446 1.4694
Line Description	Sources / Calculations	Totals	Routine Services	Special Services	Dietary	Laundry & Houskpng	Plant Operatns & Maint	Admin and General	A&G- GL-PL Insurance	Property and Related	Taxes and Insurance
		a	b	С	d	e	f	g		h	i
Nurse Staff Hrs / Quality Add-on Per Diem ≔ Nursing Home Provider Fee Total Quarterly Per Diem Add-On Amounts	FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY2018 GL-PL Ins. Rpt FY 2012 Peer Group Limit e) esidents	\$168.52 \$16.97 \$188.48 \$226.17 \$0.00 \$2.29 \$17.10 \$19.39	1 All Facilities All Bed Sizes 90.0% 100.0% \$0.53 \$71.51 \$67.93 \$9.08 \$77.01 1.4895 \$114.71 \$114.71		2 Freestanding All Bed Sizes 90.0% 100.0% \$0.22 \$18.41 \$17.49 \$2.34 \$19.83	85.0% 100.0% \$0.41 \$23.09 \$21.94 \$2.93 \$24.87	1 All Facilities All Bed Sizes	1 All Facilities All Bed Sizes 50.0% 105.0% \$0.37 \$20.56 \$19.53 \$2.61 \$22.14	\$ 2.99 \$2.99	\$36.35 \$36.35 (FRV Rate) \$36.35	\$5.28 \$5.28 \$5.28
Quarterly Case Mix Based Per Diem Rate		\$245.57	\$117.00	ļ	\$19.83	\$24.87	 	\$39.24	\$2,99	\$36.35	\$5.28
Leave/Bed Hold Per Diem Rate (Per Diem Rate - Pv	dr Fee) x 75% \$171.35	<u> </u>		<u> </u>	<u> </u>	<u></u>	1				